

FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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JUL 30 1954

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(Gov. Code 11380.2)

JUL 30 1954

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Social Welfare

(Agency)

Dated:

By:

Director

(Title)

FILED

in the Office of the Secretary of State
of the State of California

JUL 30 1954

At 12 M.

FRANK M. JORDAN, Secretary of State

B. [Signature]
Assistant Secretary of State

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C-530 INCREASE IN THE AID PAYMENT

C-530

A. REQUIREMENTS

Aid shall be increased if the payment is less than the amount by which need exceeds income, within the participating maxima, except that if the redetermined amount of the aid payment (i.e., the budgetary deficiency rounded to the nearer dollar) is less than \$2 in excess of the currently authorized aid payment, an increase shall not be made.

B. RETROACTIVE INCREASE

Aid shall be increased retroactively (in a subsequent month for some preceding month or months) due to a change in need or income, if: (1) the redetermined amount of the aid payment is \$2 or more a month in excess of the amount previously authorized for that month or months and (2) the additional payment can be authorized before the expiration of five months following the month in which the underpayment occurred.

No underpayment occurs in any month for which the redetermined amount of the aid payment is less than \$2 in excess of the amount previously authorized for that month and a retroactive increase shall not be made.

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C-530

PAYMENT OF AID

Aid to Needy Children

C-530 (Continued)

C-530

The following principles shall govern the determination of the amount of retroactive increase of \$2 or more a month and the date from which such increase shall be made:

1. The obligation rests upon the person responsible for the care and supervision of the child to report changes in need and income.
2. The total need for a particular month shall be determined on the basis of the total need in that month. Need shall not be increased by carrying forward any deficiency between total need in a prior month and the sum of the grant and the income in such prior month.
3. Retroactive increase to adjust for underpayment caused by increased need or reduced income shall be made beginning with the first of the month in which the change in need or income is reported to the county, or the first of the month in which increased need or reduced income exists, whichever is later.
4. No retroactive increase shall be made for months prior to the month in which the change in need or income is reported, unless (1) some special circumstance or event prevented the family from reporting in the same month the change occurred and (2) payment can be authorized within the specified time limit.

If the facts could not have been known or reported within the month in which the changed circumstances occurred, and they were reported by the end of the following month, retroactive increase is payable from the first of the month in which the changed circumstances occurred. These special circumstances include:

- (a) The need arose too late in the month to afford reasonable time in which to report the change within that month.
- (b) The fact that income would not be received or would be received in a lesser amount than previously reported could not have been known until the last day of the month.
- (c) Infrequent mail service from isolated areas, etc.

Physical or mental incapacity, or other special circumstances, may have made it unreasonable to expect the family to report promptly. If report is made as soon as could reasonably be expected, any retroactive increase due is payable for each of the past months in which underpayment occurred.

Also, the aid payment shall be increased retroactively if ordered by the SSWB upon appeal or if the SDSW concurs in the county's recommendation that the appeal be adjusted by payment of retroactive increase without hearing by the SSWB.

For procedures for correcting a payment made for a lesser amount than the amount authorized, see Sec. C-545, Corrective Payments.

(W&IC 1560)

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C-160 REPORTING COUNTY ACTION TO APPLICANT

C-160

Immediately following county action the applicant shall be notified in writing of the disposition of his application or request for restoration.

The Notification of Action - Aid to Needy Children, Form CA 239, shall be used by the county unless a substitute form which incorporates the information appearing on the Form CA 239 is used. The notification, whether it be by means of Form CA 239 or a substitute form shall be in simple understandable terminology individualized on the basis of the circumstances in the particular case and shall include:

1. The date the form is sent.
2. The nature of the county action.
3. The date from which the county action is effective and the amount of aid if applicable.
4. The reason for such action if the application or request for restoration is denied.
5. The source and amount of income deductions.
6. The total need from which income is deducted.
7. A suggestion that any questions regarding the county's action be discussed with the county.
8. A statement regarding the right to inform the office of the SDSW of any complaint regarding the county's action; to appeal for a hearing, and a decision by the SSWB within 90 days. Such statement shall be in conformity with that set forth on the reverse of the printed Form CA 239.

If the probation officer or person other than a relative is the applicant and a relative is the payee, Form CA 239 should be sent to the relative. Since care given to children in institutions or boarding homes may be on a contractual basis, it is not necessary to send Form CA 239 to institutions or boarding homes in every case. However, inasmuch as any person caring for, or responsible for care of, a child may file an appeal with the SDSW, the county should make known to the probation officer and to the institution or boarding home caring for the children the fact that an appeal may be filed.

If a withdrawn application or request for restoration is denied by the county, the applicant shall be notified of this action on Form CA 239.

(W&IC 1550.5, 1560)

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C-533 (Continued)

C-533

C. DECREASE TO ADJUST FOR OVERPAYMENT DUE TO CHANGE IN NEED OR INCOME

Aid shall be decreased or a cash adjustment made (or discontinued for one month) to adjust for overpayment of \$2 or more a month due to change in need or income in the two months preceding the month of adjustment whenever such overpayment is discovered, unless hardship is determined.

In determining the amount of overpayment for any prior month, consideration shall be given to decreased need or increased income which caused overpayment in the month in which the change occurred regardless of when it was reported. On the other hand, consideration shall be given to increased need or decreased income which caused underpayment in the month in which the change occurred only if it was reported by the end of that month, regardless of whether the amount was known. Exceptions:

1. The increased need or decreased income shall be allowed for the month in which the changed circumstances occurred when the facts could not have been known or reported within the same month and were reported by the end of the following month. Such circumstances include:
 - a. The need arose too late in the month to afford reasonable time in which to report the change within that month.
 - b. The fact that income would not be received or would be received in a lesser amount than previously reported could not have been known until the last day of the month.
 - c. Infrequent mail service from isolated areas, etc.
2. Physical or mental incapacity, or other special circumstances, may have made it unreasonable to expect the family to report promptly. If report is made as soon as could reasonably be expected, the increased need or decreased income shall be recognized for the months in which the changed circumstances existed.

The amount of the aid payment for the "month of adjustment" shall be determined by subtracting the amount of overpayment which occurred in the two preceding months from the amount of aid for which the family would have been eligible in the month of adjustment, had no overpayment occurred. The need in the month of adjustment (or need in any other month) shall not be increased by adding any unmet needs from a prior month.

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C-539 (Continued)

C-539

C. DISCONTINUANCE TO ADJUST FOR OVERPAYMENT DUE TO CHANGE
IN NEED OR INCOME

Aid shall be discontinued for one month or a cash adjustment made to adjust or partially adjust for overpayment of \$2 or more a month due to change in need or income in the two preceding months if the amount of overpayment in these two months equals or exceeds the amount of aid for which there is eligibility in the "month of adjustment," unless hardship is determined.

In determining the amount of overpayment for any prior month, consideration shall be given to decreased need or increased income which caused overpayment in the month in which the change occurred regardless of when it was reported. On the other hand, consideration shall be given to increased need or decreased income which caused underpayment in the month in which the change occurred only if it was reported by the end of that month, regardless of whether the amount was known. Exceptions:

1. The increased need or decreased income shall be allowed for the month in which the changed circumstances occurred when the facts could not have been known or reported within the same month and were reported by the end of the following month. Such circumstances include:
 - a. The need arose too late in the month to afford reasonable time in which to report the change within that month.
 - b. The fact that income would not be received or would be received in a lesser amount than previously reported could not have been known until the last day of the month.
 - c. Infrequent mail service from isolated areas, etc.
2. Physical or mental incapacity, or other special circumstances, may have made it unreasonable to expect the family to report promptly. If report is made as soon as could reasonably be expected, the increased need or decreased income shall be recognized for the months in which the changed circumstances existed.

The need in the month of adjustment (or need in any other month) shall not be increased by adding any unmet needs from a prior month.

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C-566

PAYMENT OF AID

Aid to Needy Children

C-566 REPORTING COUNTY ACTION TO THE PAYEE

C-566

If aid is increased, decreased, discontinued, or withheld, the county shall send to the payee written notification of the action immediately.

The Notification of Action - Aid to Needy Children, Form CA 239, shall be used by the county unless a substitute form which incorporates the information appearing on the Form CA 239 is used. (See Sec. C-160 for requirements for reporting action on applications and requests for restorations and for copy of Form CA 239.) The notification, whether it be by means of Form CA 239 or a substitute form shall be in simple understandable terminology individualized on the basis of the circumstances in the particular case and shall include:

1. The date the form is sent.
2. The nature of the county action.
3. The date from which the county action is effective and the amount of aid if applicable.
4. The reason for such action if the aid is increased, decreased, or discontinued.
5. The source and amount of income deductions.
6. The total need from which income is deducted.
7. The reason for which the warrant is withheld, a statement of what information, if any, is needed or action required to assist in the clarification of eligibility, and assurance that prompt investigation will be made and the withheld warrant paid if eligibility is found to exist.
8. A suggestion that any questions regarding the county's action be discussed with the county.
9. A statement regarding the right to inform the office of the SDSW of any complaint regarding the county's action; to appeal for a hearing, and a decision by the SSWB within 90 days. Such statement shall be in conformity with that set forth on the reverse of the printed Form CA 239.

It is not necessary to send Form CA 239 to institutions or boarding homes in every case since such care may be given on a contractual basis. However, inasmuch as any person caring for, or responsible for the care of, a child may file an appeal with the SDSW, the county should make known to the probation officer or other person who signed the application and to the institution or boarding home caring for children the fact that an appeal may be filed.

(W&IC 1560; FSSA)

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Old Age Security

APPLICATION PROCESS

A-276

A-276 REPORTING COUNTY ACTION TO APPLICANT

A-276

Immediately following the county's action the applicant shall be notified in writing of the disposition of his application, or his request for restoration. The Notification of Action - Old Age Security, Form Ag 239, shall be used by the county unless a substitute form which incorporates the information appearing on the Form Ag 239 is used. The notification, whether it be by means of Form Ag 239 or a substitute form shall be in simple understandable terminology individualized on the basis of the circumstances in the particular case and shall include:

1. The date the form is sent.
2. The nature of the county action.
3. The date from which the county action is effective and the amount of aid if applicable.
4. The reason for such action if the application or request for restoration is denied.
5. The source and amount of income deductions.
6. The total need from which income is deducted.
7. A suggestion that any questions regarding the county's action be discussed with the county.
8. A statement regarding the right to request a hearing before the board of supervisors; to inform the nearest office of the SDSW of any complaint regarding the county's action; to appeal for a hearing, and a decision by the SSWB within 90 days. Such statement shall be in conformity with that set forth on the reverse of the printed Form Ag 239.

If a recipient requests it, he shall be provided with a statement of the particular items of special need allowed, the amount allowed for each item, and the total need. Such statement shall be provided him within 10 days after the request is made. (See Sec. A-1318, Notification to Recipient of Change in Grant.)

(W&IC 2016, 2140, 2181.1, 2182)

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A-1260 SPECIAL NEED FOR MEDICAL CARE

A-1260

"Medical care" is defined as including services from physicians, dentists, and nurses, treatment given by a practitioner as specified in Item 1 below; clinic, convalescent and hospital care; drugs and medical supplies; surgical and prosthetic appliances; and other special services, diagnostic X-ray and X-ray therapy, as may be required for diagnosis, care and treatment.

It is recognized that the recipient is a free agent in the choice and purchase of medical care, and that there are only such protections around the quality of care he buys as are assured to other persons in the community. He may be able to get care at reduced rates or he may pay what everyone else pays, depending upon where he secures his care. After a person goes for treatment, what he actually needs and how much, is determined by the practitioner, medical or other, but he chooses what he will have of what he needs.

Medical care needs and resulting costs are usually unpredictable. The recipient should be given a full interpretation of his responsibility in reporting information regarding changes in his medical care situation. When medical services or other treatments are not given on a regular, continuing basis, and the amount of care required varies month by month, allowances for these costs shall be determined as often as required and shall be based on the information reported by the recipient.

When costs of medical care are paid directly to vendors by others; including relatives of the recipient, all such payments shall be considered income to the recipient, and the care or treatment shall be identified and established as a special need.

1. Treatment by Physician, Surgeon, or Practitioner of any Type of Therapy

When a recipient is under care or treatment by a physician or surgeon, or by the practitioner of any type of therapy, treatment by prayer or other spiritual means or other treatment recognized as a branch of the healing arts, the cost of such care or treatment represents a "special need" in the amount actually required to purchase such service.

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A-1260 (Continued)

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When determining medical care needs of a recipient who is under the care of a physician or practitioner, the following information shall be secured through discussion with the recipient and recorded in full in the case record:

- a. Name and address of physician or practitioner.
- b. Nature of illness.
- c. Length of time recipient has been under the care of the physician or practitioner.
- d. Number of visits monthly to physician or practitioner, date of last visit, number of visits during last two months, and cost per visit. Determination shall be made with the recipient as to whether or not medications are furnished by the physician or practitioner and included in his charge.
- e. Probable duration of need for care or treatment. Unless there is indication that care will be continuous, a plan shall be made with the recipient for redetermining medical care needs periodically and as often as indicated by the situation.

Allowance shall be made to cover the actual or allowable cost of treatment or care on the basis of the recipient's oral or written statement of the monthly cost, additional verification shall be requested when the cost as reported by the recipient appears to be excessive. In instances where the recipient cannot give a clear picture of the situation as to the cost of required medical service, care or treatment or the probable duration of the need, further verification through the physician or other practitioner is indicated. Such clearance shall not be made, however, without the consent of the recipient nor without his written authorization to the physician or practitioner to furnish the necessary information.

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A-1260 (Continued)

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2. Medication

Prescription and proprietary drugs or other medications are considered special needs when (1) prescribed by a physician or practitioner of the healing arts, and (2) the cost is in addition to the charge for service.

Determination shall be made of the monthly cost of prescribed drugs or medications on the basis of the recipient's oral or written statement of the monthly cost except that additional verification shall be requested when the cost as reported by the recipient appears to be excessive, or the recipient cannot give a clear statement as to the cost. Special need allowance shall be made to cover only the period for which the medication is needed. There shall be at least an annual redetermination with the recipient of the continued need for the medication. Such redetermination with the recipient shall include consideration as to whether or not the continued use of the medication has been prescribed. When medications are necessary on a continuing basis, and are purchased periodically, the cost is prorated on a monthly basis and the grant need not be adjusted in the month in which it is purchased.

3. Nursing Home, Sanitarium, or Rest Home Care

The cost of Nursing Home, Sanitarium, or Rest Home care represents special need when the recipient's condition requires this type of care, as determined or recommended by the recipient's physician or practitioner.

The maximum allowances for nursing home care, as set forth below, take into consideration the fact that the amount charged will vary according to the kind and extent of services needed by the recipient and according to conditions in various areas.

In order to determine which maximum will apply in a given case, the agency shall secure information from the physician or practitioner as to the kind of care required by the recipient. The nature of the services provided in the nursing home in which the recipient receives care or plans to receive care, and the rate charged shall also be determined. If, in addition to services usually provided, the nursing home also

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furnishes prescribed medications (prescriptions and proprietary drugs prescribed by physician) for the individual patient, special medical supplies and appliances required by the patient, or physician's services, and the rate is correspondingly higher, allowance may be made for these special needs in addition to the established maximum. Such allowance shall be based on the charge usually made for these services when provided through the nursing home. When the cost of prescribed medication, special medical supplies, appliances, or physician's services is not included in the nursing home rate, an additional allowance may be made based on the cost of the required item as reported by the recipient or other individual meeting the cost of service.

When a physician or practitioner determines a recipient's condition requires placement in a private room, an additional amount, not to exceed \$50, may be allowed to meet the cost for the period this type of accommodation is necessary. If a recipient does not require a private room, but this is the only type of accommodation available, a three months' adjustment period is permitted to enable the recipient to secure care in a ward or semi-private accommodation within the maximum cost allowed for the type of care he requires.

Maximum allowances for nursing home, sanitarium, or rest home care

Group I

The maximum allowance for nursing home care for recipients requiring only a minimum amount of care and service, i.e., board, room, laundry, including personal laundry and some personal service or supervision, shall not exceed \$125. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

Group II

The maximum allowance for nursing home care for recipients requiring nursing service (rendered by registered or practical nurses), shall not exceed \$165. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

Group III

The maximum allowance for nursing home care for recipients who are bedfast or who require extensive nursing care and constant supervision shall not exceed \$210. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

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Old Age Security

DETERMINATION OF NEED

A-1260

A-1260 (Continued)

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When the cost exceeds the maxima defined for Groups I, II and III and facilities to meet the individual's need are available within the maximum, a three months period shall be allowed to permit the recipient to secure care within the allowable amount. Thereafter, if such recipient remains under care at a rate exceeding the maximum, the allowable amount for the type of care required shall be considered to represent the need for that item.

Example: Mr. A is receiving care in a nursing home paying \$200 a month. He requires Group II care which is available within the allowable maximum. He has no other special needs. Total need is \$165 (maximum for Group II care) plus \$20 (for clothing and incidentals), or \$185. Relatives contribute \$125 toward the cost of care and there is no other income. This amount subtracted from \$185 results in a grant of \$60.

If there are no available facilities where the required care can be received within the maxima defined for Groups I, II or III, or a physician recommends against moving the patient because of factors in the individual case, special need for care may be determined on the basis of the actual cost. However, the allowance shall not exceed the minimum amount for which adequate care for the individual can be secured.

4. Private Hospital Care

The cost of private hospital care represents special need when recommended by the physician or practitioner, and the type of care required is not available for less in the community.

5. Prepaid Medical or Hospital Care

When a recipient is enrolled in a prepaid medical care plan (e.g., California Physicians' Service, Ross-Loos Medical Group, Permanente Health Plan) or in a prepaid hospital plan (e.g., Blue Cross, Intercoast Hospitalization Insurance), or carries a disability insurance policy which includes specific provision for hospitalization and/or medical care, the cost of the policy may be allowed up to a maximum of \$6 monthly. Insurance policies in which a disability clause is incidental or which have limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.) do not come within the meaning of this provision.

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DETERMINATION OF NEED

Old Age Security

A-1260 (Continued)

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6. Nursing Service in Recipient's Own Home

When the provision of nursing service (either by a registered nurse or a practical nurse) permits the recipient to continue living in his own home rather than requiring him to enter a nursing home, an allowance, not to exceed \$165 monthly, may be made for nursing service. An additional allowance, not to exceed \$30 monthly, may be made to cover cost of food for the nurse. When the nursing service is provided through a Visiting Nurse Association or similar organization (excluding public health nursing service of public health departments) the usual charge per visit shall be allowed instead. When only short term nursing service is required (i.e., less than 15 days) cost of such service may be allowed in accordance with the usual community rate for such service.

7. Supplementary Services Related to Medical Needs

The cost of items listed below represent special need when prescribed by a physician or practitioner, on the basis of the recipient's statement as to cost. Additional verification is needed only when the cost as reported by the recipient appears to be excessive.

- a. Laboratory service, X-rays.
- b. Prosthetic appliances such as trusses, artificial limbs, etc.
- c. Dressings and other sick room supplies, including wheel chairs, hospital beds, crutches, etc.

8. Dental Care

The actual cost of dental care represents a special need not to exceed the maximum allowances set forth below. Allowances cannot be made for services not listed below:

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Dentures, full upper or lower.	\$80.00
Dentures, partial upper or lower	68.00
Duplication, upper or lower, full or partial dentures.	30.00
Repairs, broken dentures (no tooth involved)	7.50
Replacing broken teeth in dentures	5.00
	(each tooth)
Relining of denture.	20.00
	(each plate)
Rebasing of denture.	30.00
	(each plate)
Extractions, single tooth.	4.00
Extractions, full mouth.	25.00
Bridge work.	20.00
Prophylaxis treatment.	6.00
	(per treatment)
Pyorrhea treatment	6.00
	(per treatment)
Amalgam or cement fillings	6.00
	(per tooth)
X-ray examinations	
Single first film.	2.00
Additional film.	1.00
Full mouth	10.00

9. Eyeglasses (including charge for refraction)

The actual cost of eyeglasses represents a special need within the maximum allowances set forth below:

Bifocal lenses and frame.	\$20
Single vision lenses and frame.	\$15

If a recipient already possesses adequate frames, a special allowance shall be made for lenses only. The maximum allowance for bifocal lenses is \$7.50 for each lens, and for single vision lenses, \$5 for each lens. If tinted lenses are recommended by a physician or practitioner, the additional cost not to exceed \$2 for each lens represents special need.

The actual cost of a refraction shall be allowed up to a maximum of \$10.

A special need allowance shall be made for only one pair of glasses, e.g., if reading glasses are recommended, an additional allowance cannot be made for glasses for distance vision, or for sun glasses.

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The above maximum allowances do not cover state and city sales tax or carrying charges, if any. These costs, if incurred, shall be added to the above maxima.

10. Hearing Aids

When a practitioner of the healing arts recommends the provision of a hearing aid, the cost of the hearing aid represents a special need when a further examination by a licensed physician and surgeon who is an otologist verifies that the recipient will benefit from the use of a hearing aid. (For list of otologists see Circular Letter No. 535 and No. 535 Supplement.)

The cost of the examination by the otologist represents a special need, up to a maximum of \$10. A special need allowance not to exceed \$175 may be made to cover the cost of a hearing aid. The \$175 maximum allowance does not include sales tax or carrying charges and these may be added to the \$175 maximum. However, if an allowance is made for carrying charges, it follows that an allowance cannot be made for interest on a loan made to cover the cost of the hearing aid. If interest only is involved, this can be added to the maximum. If another instrument is turned in the trade-in allowance shall be deducted from the \$175 maximum.

An exception to the maximum allowance may be made when an otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid the cost of which exceeds \$175.

The monthly upkeep cost of hearing aids represents a special need up to a maximum of \$5 per month. (W&IC 2140)

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A-1280

DETERMINATION OF NEED

Old Age Security

A-1280 SPECIAL NEED TO MEET PAYMENT ON DEBTS**A-1280**

Required payments on an existing encumbrance against the home of an applicant represent a need to be considered in determining the cost of housing, irrespective of the purpose for which the debt was incurred. Required payments on indebtedness secured by an applicant's furniture or some other item of personal property represent a special need if the item of personal property is a current necessity, irrespective of the purpose for which the debt was incurred. Required payments on an automobile which is a current necessity represent special need. Total need allowance for such payments together with other transportation costs may not exceed \$15.00 a month as provided for in Sec. A-1245, Special Need for Transportation.

If a secured debt is incurred or increased while a recipient of aid the reason for such new indebtedness shall be determined. If the secured indebtedness was increased or incurred for purpose of purchasing some item which could not be recognized as a need, the increase in the required encumbrance payment (or the required payment on a new encumbrance) shall not be recognized as a need when determining total need. Likewise such increase in the required encumbrance payment shall not be considered when determining net occupancy value.

Example 1: A recipient placed an \$800 second mortgage on his home which sum was borrowed to purchase an automobile. This additional encumbrance increased the required monthly encumbrance payment from \$17.30 to \$31.50 per month. An automobile is not required for necessary transportation. In determining need for housing the required encumbrance payment on the home shall continue to be allowed on the basis of \$17.30 per month.

Example 2: A recipient entered into a new contract for paying off the remaining \$800 due on the encumbrance on his home. Under the new arrangements the monthly payments would be reduced but would extend over a longer period. At the same time the encumbrance was increased by \$400 which sum was borrowed to finance a trip. The required monthly payment on the \$1,200 total indebtedness is \$18 a month (principal and interest). Of the total indebtedness $\frac{2}{3}$ ($\frac{800}{1,200}$) represents the amount due on the original loan. The amount of encumbrance payment to be considered in determining housing need is $\frac{2}{3}$ of \$18 or \$12.

Example 3: A recipient secured a \$300 loan against his home to provide a required new roof. This represents the only encumbrance. He still owes \$280 on the encumbrance and the required monthly payments (interest and principal) are \$14 a month. The roof repair represented a need and the need for money to pay off the remaining encumbrance represents a special need which is allowed in determining the housing need of the recipient.

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Old Age Security

DETERMINATION OF NEED

A-1280

A-1280 (Continued)

A-1280

The required monthly payment on an encumbrance placed by a recipient against his home shall not be considered a current need if the grant plus the income has equalled total need which included allowance for the item for which the property was encumbered (or the encumbrance increased).

Example 4: The recipient's total need including prorated monthly taxes has been such that his grant and his income equalled his total need. He borrows \$150 to pay his taxes, and gives a mortgage on his home as security for the loan. This represents the only encumbrance on his home. Required payments on the loan shall not be considered as a housing need and the full occupancy value continues to represent income.

The need for money to pay an unsecured debt incurred while an applicant for or a recipient of aid represents a special need if the debt is for, or was incurred to pay for:

1. A current necessity such as a prosthetic appliance, necessary housing repairs if the cost is \$10 or more, necessary household equipment as defined in Section A-1240, etc.

or

2. Medical care.

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DETERMINATION OF NEED

Old Age Security

A-1280 (Continued)

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Special need allowance for monthly payments on such unsecured debts shall be limited to a one year period (12 months following the month in which the need occurred) whether or not full allowance for the payment of the indebtedness will be made within the one year limit. Allowance for payments on debts for items within the definition of medical care (See Sec. A-1260) shall be allowed to meet the actual amount of the debt not to exceed the ceilings set forth in the sections covering such items as hearing aids, glasses, dentures, dental care, etc. For other types of medical care, allowance on the total unsecured debt for any one illness occurring within a single year shall not exceed \$300.

No allowance shall be made for required payments on an unsecured debt incurred prior to date of application.

Special need for payments on secured or unsecured debts as referred to herein shall be allowed beginning with the month in which the debt is reported. Exception: Allowances for payment on such debts shall be made beginning with the month following the occurrence which gave rise to the debt when report was made as soon as could reasonably be expected under special circumstances as stated in Sec. A-1316, Item 11d.

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A-1310

AID PAYMENTS

Old Age Security

A-1310 DECREASE IN GRANT

A-1310

The grant of aid shall be decreased as soon as possible if a change in total need and/or income causes the amount of the grant together with the income to exceed the recipient's total need.

If the exact amount of income to be received in a given month is known in advance, or it is known in advance that a particular special need will no longer exist, any necessary decrease in the grant shall be made effective with the month in which such changed circumstances will occur.

Example 1: The county determines on October 10 that a recipient will receive his first \$20 monthly payment from an annuity in November. The income plus the current grant will exceed total need. The grant is decreased effective November 1.

Example 2: It is known in advance that a \$10 special need allowance must be deleted from the recipient's total need determination beginning May 1 because allowance for the full cost of the roof repair will have been made by that time. Any necessary adjustment in the grant shall be made effective May 1.

Under certain circumstances adjustment for overpayment is made by an appropriate decrease in the grant if the recipient remains otherwise eligible. Such decrease shall be made as soon as possible after the necessity for such adjustment becomes known, but in no event may the decrease be effective later than the second month following that in which the overpayment occurred.

The extent of the overpayment together with the income may be such that full adjustment for the overpayment can not be made by reducing the grant (or discontinuing aid for one month - see Sec. A-1312) in the second month following that in which the overpayment occurred. Under such circumstances delivery of the warrant for an earlier month should be withheld, if possible. The withheld warrant should then be canceled and rewritten in the decreased amount authorized, unless repayment has already been made.

Example 3: An OAS recipient with total need of \$85 a month and net rental income of \$20 has been receiving a grant of \$65. On February 18 he starts receiving and reports immediately \$25 additional income to be received each month. If it is too late to make the adjustment in March, the county would normally make the adjustment in April. Meanwhile, overpayment of \$25 would have occurred in each of the months of February and March. In computing the adjustment to be made in April it is obvious that complete adjustment for the overpayment can not be made in the April warrant because the \$50 overpayment for February and March exceeds \$40 (\$85 less \$45), the amount of aid to which he would otherwise be entitled in April had no overpayment occurred. The March warrant is held and canceled. The county authorizes the decrease for March and the canceled warrant is rewritten for \$15, the amount to which he would otherwise be entitled in March (\$40) less the overpayment in February (\$25). The grant is then adjusted upward for April to \$40 (need \$85, income \$45).

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Old Age Security

AID PAYMENTS

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A-1310 (Continued)

A-1310

The month for which aid is decreased to adjust for an overpayment in either or both of the two preceding months is known as the "month of adjustment." (See Sec. A-1312 for adjustment by discontinuance of aid if the overpayment to be adjusted is in such amount that the otherwise eligible recipient would be entitled to receive no payment in the month of adjustment.)

A. OVERPAYMENT DUE TO INCOME (AND/OR CHANGE IN TOTAL NEED)

Overpayment occurs when the income and/or the need in a particular month causes the amount of the grant together with the income to exceed total need for that month.

When determining total need for the particular month no consideration shall be given to needs which were not reported by the end of that month. The need must be reported by the end of that particular month regardless of whether the cost is known. Exceptions:

1. The need shall be allowed for the month in which the changed circumstances occurred when the facts could not have been known or reported within the same month and were reported by the end of the following month. Such circumstances include:
 - a. The need arose too late in the month to give the recipient reasonable time to report within that month.
 - b. Infrequent mail service from isolated areas, etc.
2. Physical or mental incapacity, or other special circumstances, may have made it unreasonable to expect the recipient to report promptly. If report is made by him, or on his behalf, as soon as could reasonably be expected, the need shall be allowed for the months in which it existed.

The amount of the grant for the "month of adjustment" shall be determined by subtracting the amount of overpayment occurring in the two preceding months from the amount of aid to which the recipient would have been entitled in the month of adjustment, had no overpayment occurred. The need in the month of adjustment (or the need in any other month) shall not be increased by carrying forward any deficiency between the total need in a previous month and the sum of the grant and the income in such previous month.

Example 4: In April an OAS recipient reports that he secured steady work earning \$15 net income in November and thereafter. Total need in March and April was \$90. The recipient was eligible in March and April for \$75 (\$90 less \$15) but received \$80, resulting in a \$5 overpayment in each of these months. The recipient would have been entitled to receive \$75 in May had no overpayment occurred. Aid is decreased effective May 1 to \$65 (\$75, the amount to which he would have been entitled had no overpayment occurred, less \$10, the overpayment in March and April). (Repayment is requested to the extent of the overpayment occurring between November 1 and February 28.)

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AID PAYMENTS

Old Age Security

A-1310 (Continued)

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If a decrease in the continuing grant is required because of a change in income and/or need of a recipient, and the amount of decrease is \$2 or less, such decrease shall be made effective not later than the second month following that in which the circumstances requiring the decrease were reported. If a decrease in an amount of \$2 or less is not continuing beyond two months, the amount of aid need not be changed.

If overpayment of \$2 or less occurred in either or both of the two months preceding that month which would normally be the "month of adjustment", the grant shall not be reduced to adjust for such overpayment, nor shall adjustment for such overpayment be made by means of a refund. Any necessary change in the continuing grant shall be effective with that month which would normally be the month of adjustment, and shall be determined on the basis of the need and the income to be received in that month.

A decrease in the grant (or cash adjustment by means of a refund from the current income including the grant for which the recipient is currently eligible) shall not be made because of overpayment prior to the second month preceding the month of adjustment. If an overpayment resulting from increased income (and/or reduced need) is discovered too late to adjust the grant within this time limit, request for repayment shall be governed by Sec. A-1358, Right to Request Repayment of Aid, even though the overpayment in any such prior month may be \$2 or less.

B. OVERPAYMENT DUE TO EXCESS PERSONAL OR REAL PROPERTY

If real or personal property has exceeded the legal limitation but has been reduced within the maximum, thus making the recipient eligible for continued aid, the grant shall be decreased to adjust for overpayment, if any, which occurred in the two months preceding the month of adjustment. Overpayment occurred for any month in which property was excessive on the first day of the month. (If there was an overpayment prior to the two months preceding the month of adjustment, such overpayment is subject to collection under the provisions of Sec. A-1358, Right to Request Repayment of Aid.)

1. Recipient Purposely Withheld (or Misrepresented) the Facts

The grant shall be adjusted by deducting the amount of aid paid during the one and/or two months preceding the month of adjustment (provided property was excessive on the first day of either or both of those months) from the amount for which the recipient would otherwise be eligible in the month of adjustment.

Example 5: The county discovers on December 16 that an OAS recipient's personal property totaled \$1,212 since July 1. The recipient admitted he did not report the change in his circumstances as he did not wish his grant of \$20 stopped. By January 1 the property is reduced within the amount allowable. Total need in January, the month of adjustment, is \$95 and the recipient has \$15 income in that month. He would be entitled to receive \$75 were it not for the overpayment in November and December due to excess personal property. Effective January 1 the grant is reduced to \$35 (\$75, the amount he would receive had there been no overpayment, less \$40, the total amount of aid paid for November and December). (The overpayment for the period July 1 through October 31, is subject to collection - see Sec. A-1358.)

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Old Age Security

AID PAYMENTS

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A-1310 (Continued)

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2. Recipient Failed to Disclose Facts Believing Them to be Immaterial to Eligibility

If property was excessive on the first day of either or both of the two months preceding the month of adjustment, determine the largest amount by which the property was excessive on any day during such ineligible period. This amount, or the amount of aid paid in those two months, whichever is the lesser, shall be deducted from the amount to which the recipient would otherwise be entitled in the month of adjustment. If there was continuous ineligibility because excess property existed both during and prior to the two months preceding the month of adjustment and the highest excess in the total period of ineligibility was greater than the amount adjusted through the decrease, the unadjusted remainder is subject to collection.

Example 6: During November the county discovers that an OAS recipient was ineligible on October 1, as total value of his personal property was \$1,207. This value increased to \$1,227 on October 20, was reduced to \$1,220 by November 1, and during November was further reduced within the amount allowable. The recipient failed to report the increase in his personal property holdings because he believed the increase had no bearing upon his eligibility. His total need in December is \$100 and he has \$20 income. Had there been no overpayment in October or November the recipient would have been entitled to an \$80 grant for December. The highest amount of excess (\$27) is deducted from the grant for which he would otherwise be eligible in December. The grant for December is, therefore, \$53 (\$80 less \$27 excess property).

Example 7: The county discovers on February 5 that an OAS recipient's personal property had been excessive since last September 1. Personal property had gradually been reduced from a maximum of \$1,335 in September. The highest excess between January 1 and February 28 was \$17. By March 1 the personal property is reduced within the amount allowable. Although the recipient was ineligible from September through February, it is determined that he failed to disclose the facts because he believed they were immaterial to his eligibility. Thus adjustment is in order only for the highest amount of the excess. Were it not for the overpayment which occurred in January and February the recipient would be entitled to receive a grant in March of \$70. The highest amount by which personal property was excessive between January 1 and February 28, the two months preceding the month of adjustment, was \$17. The March grant is reduced to \$53 (\$70 less \$17 excess). The highest excess personal property during the total period of ineligibility was \$135. Of this excess \$118 remains unadjusted (\$135 maximum excess less the \$17 adjusted by decrease in March grant). This unadjusted excess is subject to collection under the provisions of Sec. A-1358.

If the discovery of the excess property occurs too late to make the adjustment effective not later than the second month following that in which ineligibility existed, the right exists to request repayment.

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AID PAYMENTS

Old Age Security

A-1310 (Continued)

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Broken periods of ineligibility may have occurred due to fluctuation in the value of the same holdings, i.e., the recipient did not add to his bank account or other items of personal property and the ineligibility resulted solely from fluctuation in the market value of his holdings, as in the case of corporation stock. Under such circumstances, determine in which one of the several ineligible periods the property reached the highest excess. If ineligibility existed in the first and/or second month preceding the month of adjustment, the grant for which the recipient would otherwise be eligible in the month of adjustment shall be decreased to the extent of the highest excess in that period. Any unadjusted balance of the repayment due is subject to collection.

3. Recipient Had No Knowledge of the Facts

Any overpayment during the two months preceding the month of adjustment shall be adjusted as set forth in Item II-B, Recipient Failed to Disclose Facts Believing Them to be Immaterial to Eligibility. There is no right to request repayment for overpayment which occurred in months prior to the second month preceding the month of adjustment. (See Sec. A-1358)

C. OVERPAYMENT DUE TO REASON OTHER THAN INCOME OR EXCESS PROPERTY

If overpayment occurred for reason other than income (and/or change in need) or excess property and the circumstances have so changed that the recipient is eligible to receive aid in the month of adjustment, the grant for which the recipient would otherwise be eligible in that month is decreased to the extent of the repayment due for the two months preceding the month of adjustment.

Example 8: An OAS recipient's application was signed on October 6. Aid in the amount of \$75 was granted from October 1. Since aid may not antedate the signing of the application, the recipient was overpaid for five days in October or \$12.10. Were it not for the overpayment which occurred in October, the recipient would be entitled to receive \$75 in November. The grant for that month is decreased to \$62.90 (\$75 less \$12.10) and increased to \$75 effective December 1.

If the ineligibility is discovered too late to make the adjustment effective not later than the second month following that in which ineligibility occurred, the right exists to request repayment only if the recipient purposely withheld information in order to obtain aid to which he was not entitled.

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A-1310 (Continued)

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D. OVERPAYMENT WHEN TWO INELIGIBILITY FACTORS EXIST CONCURRENTLY

Two causes of ineligibility may exist concurrently, i.e., the recipient may have been overpaid because of income (and/or change in need), and during the same period personal property holdings may have been excessive. Compute the total amount of repayment due on the basis of each cause of ineligibility. Adjustment and/or request for repayment shall then be based upon the single eligibility factor which resulted in the larger amount of repayment due. If circumstances have so changed that the recipient is currently eligible and adjustment can be made not later than the second month following a month in which overpayment occurred, proceed as herein outlined in Item A, B, or C, whichever is appropriate.

E. OFFSETTING UNDER/AND OVERPAYMENTS WITHIN THE TWO MONTHS PRECEDING THE MONTH OF ADJUSTMENT

Circumstances may arise wherein the recipient is overpaid during one of the two months preceding the month of adjustment and is entitled to receive retroactive aid for the other month. In lieu of issuing a retroactive aid payment for one of the two months preceding the month of adjustment, the amount of overpayment occurring in the other month may be reduced to the extent of the amount of retroactive aid due for the month in which the recipient was underpaid. The amount of overpayment so reduced shall then be considered in determining the grant for the month of adjustment.

Example 9. On May 29 an OAS recipient receiving \$10 income and a \$70 grant reports a medical need in that month costing \$10. Thus his need for May is increased to \$90. Since he received \$70 for May and was entitled to receive \$80, retroactive aid in the amount of \$10 is due for May to adjust the underpayment. He also reports that beginning in June his continuing income will be increased to \$80 a month. His need and income in June are such that he is entitled to receive a grant of \$50 for that month. It is too late to adjust the June payment so in June he receives a \$70 payment whereas he was entitled to \$50 only, an overpayment of \$20. The overpayment in June is considered to be reduced to the extent of the \$10 underpayment in May, a net overpayment of \$10. Had it not been for the overpayment, the recipient would have been entitled to receive a \$50 grant for July. This amount, less the \$10 net overpayment, results in a \$40 grant for July. No retroactive aid is paid for May.

Should the underpayment in one of the two months preceding the month of adjustment exceed overpayment in the other month, the amount of retroactive aid to be granted for the month in which underpayment occurred shall be reduced to the extent of the overpayment in such other month. No grant adjustment for the overpayment is necessary.

Full detail shall be recorded in the case record whenever underpayment within the two months preceding the month of adjustment is considered to be offset by overpayment within those two months, or vice versa.

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Old Age Security

AID PAYMENTS

A-1312

A-1312 DISCONTINUANCE OF AID

A-1312

A. DISCONTINUANCE DUE TO CONTINUING INELIGIBILITY

Aid shall be discontinued when the recipient's circumstances are such that he no longer meets the eligibility requirements. The discontinuance shall be effective as soon as possible after the necessity for discontinuance becomes known. However, aid shall continue to an otherwise eligible recipient if the past ineligibility is not discovered in time to discontinue aid effective not later than the last day of the month following that in which ineligibility occurred. Under these circumstances request for repayment during such past period shall be determined in accord with Sec. A-1358, Right to Request Repayment of Aid.

If a recipient is eligible on the first day of the month but a change in circumstances during the month renders him ineligible for further payments, no repayment is required, provided aid is discontinued effective the last day of that same month.

Example 1: An OAS recipient having no income and no need in excess of \$80 received an \$80 grant on October 1. On October 17 he began receiving a regular monthly income of \$85. Aid is discontinued October 31. There is no repayment due.

If aid is discontinued effective with the last day of the month following that in which ineligibility occurred, overpayment began in the month in which the income was received (and/or change in need occurred) even though the recipient was eligible on the first day of that month.

Example 2: An OAS recipient having no income and no need in excess of \$80 received an \$80 grant on October 1. On October 17 he began receiving a regular monthly income of \$85. He did not report the income until November 13. Meanwhile he received and cashed his November warrant. Overpayment occurred in both October and November (because the income received in each of those months exceeded total need as provided in W&IC 2020).

Under all other circumstances ineligibility does not begin until the first of the month following that in which the changed circumstances occurred.

Example 3: An OAS recipient owning no personal property on October 1 received a \$1,500 inheritance on October 17. He did not report the inheritance until November 13. Meanwhile he had received and cashed his November warrant. Overpayment occurred in November only (because he was eligible when the October aid was "paid to him," but was not eligible when the November aid was "paid to him," as provided in W&IC 2163).

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AID PAYMENTS

Old Age Security

A-1312 (Continued)

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B. DISCONTINUANCE FOR ONE MONTH TO ADJUST FOR OVERPAYMENT

Under certain circumstances aid to an otherwise eligible recipient is discontinued for one month in order to adjust for overpayment in the preceding first and/or second month. The month for which aid is discontinued is known as the "month of adjustment."

1. Overpayment Due to Income (and/or Change in Need)

Aid to an otherwise eligible recipient shall be discontinued for one month if the amount of overpayment in the two preceding months exceeds the amount of aid to which the recipient would otherwise be entitled in the month of adjustment. The need in the month of adjustment shall not be increased by carrying forward any deficiency between the total need in a previous month, and the sum of the grant and the income in such previous month. Likewise any such deficiency shall not be considered when determining the amount of overpayment in any previous month.

When determining total need for the particular month no consideration shall be given to needs which were not reported by the end of that month. The need must be reported by the end of that particular month regardless of whether the cost is known. Exceptions:

- a. The need shall be allowed for the month in which the changed circumstances occurred when the facts could not have been known or reported within the same month and were reported by the end of the following month. Such circumstances include:
 - (1) The need arose too late in the month to give the recipient reasonable time to report within that month.
 - (2) Infrequent mail service from isolated areas, etc.
- b. Physical or mental incapacity, or other special circumstances, may have made it unreasonable to expect the recipient to report promptly. If report is made by him, or on his behalf, as soon as could reasonably be expected, the need shall be allowed for the months in which it existed.

Discontinuance for one month (provided the recipient would have been eligible had no overpayment occurred) adjusts for overpayment during the two preceding months to the extent of the amount of aid to which the recipient would have been entitled in the month of adjustment, had no overpayment occurred. Request for repayment of any unadjusted remainder of the overpayment shall be governed by Sec. A-1358.

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AID PAYMENTS

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A-1312 (Continued)

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Example 4: An OAS recipient was receiving an \$80 grant because he had no income. On May 3 he began to receive continuing income of \$50 a month which was not reported until June 14. He reported no special needs, and overpayment of \$50 occurred in each of the months of May and June, a total of \$100. Aid is discontinued effective June 30 because the \$100 overpayment exceeds the \$30 grant to which he would otherwise be entitled for July. Aid is restored in the amount of \$30 effective August 1. Discontinuance for the month of July adjusts for \$30 of the \$100 overpayment and repayment of the \$70 unadjusted balance is requested.

2. Overpayment Due to Excess Real or Personal Property

a. Recipient Purposely Withheld (or Misrepresented) the Facts.

If property holdings were excessive on the first day of any month for which aid was paid, overpayment occurred to the extent of the aid paid for the particular month. Aid shall be discontinued for one month for an otherwise eligible recipient if the overpayment in the first and/or second month prior to the month of adjustment is equal to or more than the grant the recipient would have received in the month of adjustment.

Example 5: The recipient whose grant was \$65 a month purposely withheld the facts and on October 15 the county discovers that his real property holdings were excessive on the first day of each of the months of September and October. On October 10 he sold a lot for \$300. His real property holdings were reduced within the maximum and his personal property including the proceeds received from the sale are within the maximum on November 1. Had it not been for the overpayment of \$130 (the full grant for September and October) he would have been entitled to receive a grant of \$65 in November (the month of adjustment). Aid is discontinued effective October 31, and is restored effective December 1. The discontinuance for the month of November adjusts for \$65 of the \$130 overpayment. Repayment to the extent of the unadjusted balance shall be requested. (See Sec. A-1358)

b. Recipient Failed to Disclose Facts Believing Them to Be Immaterial to Eligibility.

If property holdings are excessive on the first day of one or more months a grant adjustment and/or request for repayment shall be made on the basis of the highest amount by which property holdings were excessive on any day during the total period of ineligibility, or the amount of aid paid during the period of ineligibility, whichever is lesser.

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AID PAYMENTS

Old Age Security

A-1312 (Continued)

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Aid to an otherwise eligible recipient shall be discontinued for one month when the largest amount by which property holdings were excessive during the two preceding months (or the amount of aid paid during those two months, whichever is the lesser amount) is equal to or more than the amount of aid to which the recipient would otherwise be entitled in the month of adjustment. (If the highest excess in such period is less than the amount of aid to which the recipient would otherwise be entitled in the month of adjustment, appropriate decrease shall be made in the grant - see Sec. A-1310, Decrease in Grant.)

Example 6: On October 15 the county discovers that an OAS recipient's personal property has been excessive since July 1. The highest excess was \$190 which occurred on August 8. In September the highest excess was \$80 and total holdings are within the maximum by November 1. The recipient's need and income are such that he would have been entitled to receive a grant of \$75 in November had it not been for the overpayment which occurred in the two preceding months. Aid is discontinued effective October 31 because the highest excess occurring in the previous two-months' period exceeded \$75. Aid is restored effective December 1. The discontinuance for November adjusts for \$75 of the total excess (\$190). Repayment to the extent of the unadjusted balance of \$115 shall be requested. (See Sec. A-1358)

Broken periods of ineligibility may have occurred due to fluctuation in the value of the same holdings, i.e., the recipient did not add to his bank account or other items of personal property and the ineligibility resulted solely from fluctuation in the market value of his holdings, as in the case of corporation stock. Under such circumstances determine in which one of the several ineligible periods the property reached the highest excess. This amount, or the amount of aid paid during the various periods of ineligibility whichever is lesser, represents the amount of repayment due. Aid shall be discontinued for one month if ineligibility existed during the first and/or second month preceding the month of adjustment and the highest excess in that period is equal to or more than the amount of aid for which the recipient would otherwise be eligible in the month of adjustment. Any unadjusted balance of the repayment due is subject to collection.

c. Recipient Had No Knowledge of The Facts

Overpayment during the two months preceding the month of adjustment shall be adjusted as set forth in Item b, Recipient Failed to Disclose Facts Believing Them to be Immaterial to Eligibility. There is right to request repayment for any unadjusted balance of the overpayment occurring within that two-month period provided such request

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AID PAYMENTS

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A-1312 (Continued)

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is made on or before the last day of the month of adjustment. No request for repayment or follow-up on a previous request may be made thereafter. There is no right to request repayment for overpayment which occurred prior to the second month preceding the month of adjustment. (See Sec. A-1358)

3. Overpayment Due to Factors Other Than Property or Income

Overpayment may have occurred for reason other than income (and/or change in need) or excess property, and the circumstances may have so changed that the recipient is eligible to receive aid. Aid shall be discontinued for one month if the amount of overpayment occurring within the two months preceding the month of adjustment is equal to or more than the amount of aid to which the recipient would otherwise be entitled in the month of adjustment. There is right to request repayment of any unadjusted balance of the overpayment occurring in the two preceding months provided such request is made not later than the last day of the month of adjustment. There is no right to request repayment for overpayment which occurred prior to the second month preceding the month of adjustment unless the recipient purposely withheld or misrepresented the facts as to his eligibility. (If the overpayment in the two months preceding the month of adjustment is less than the amount of aid to which the recipient would be entitled in the month of adjustment, appropriate decrease shall be made in the grant. (See Sec. A-1310, Decrease in Grant))

Discontinuance of aid is effective as of the last day of the month for which the last warrant was delivered.

Discontinuance of aid for a month for which the recipient would not have been entitled to receive a payment in some amount adjusts for no portion of any previous overpayment.

When aid is restored following discontinuance for one month to adjust for overpayment, the amount of aid granted shall be determined on the basis of the need and the income at the time of restoration. Under no circumstances may a lesser amount be granted to adjust for any unadjusted balance of a previous overpayment.

Two causes of ineligibility may have existed concurrently, i.e., the recipient may have been overpaid because of income (and/or a change in need), and during the same period personal property holdings may have been excessive. If so, compute the amount of repayment due on the basis of each cause of ineligibility. Adjust on the basis of the single factor of ineligibility which resulted in the larger amount of repayment due as outlined herein in Item 1, 2 or 3, whichever is applicable.

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AID PAYMENTS

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A-1316 RETROACTIVE AID PAYMENTS

A-1316

Retroactive aid means aid paid in a subsequent month for some preceding month or months. All payments of aid shall be made within the month for which aid is granted (See Sec. A-1302, Beginning Date of Aid) except that retroactive aid shall be paid by the county in the following types of situations: (See Manual of Fiscal Policies and Procedures, Sec. F-730, Claiming of Aid Payments)

1. If retroactive aid is granted upon appeal to the SSWB or when the SDSW concurs in the county's recommendation that the appeal be adjusted by payment of retroactive aid without hearing by the SSWB, (See Sec. A-1568, Decision by SSWB, A-1576, Stipulated Appeals)
2. If retroactive initial payments are due because the investigation of an application or restoration exceeded the period specified in W&IC Sec. 2180.5. (See Sec. A-1306, Initial Payments) The action of the county may be an original action or it may be a subsequent action to correct the original action if it is found that the beginning date originally established was not in accord with the legal provisions.

 Example: An OAS application signed on July 15 was granted on September 15, aid to start effective October 1. On October 25 the county discovers that aid should have been effective September 1 according to W&IC Sec. 2180.5. On November 2 the county takes action correcting the erroneous beginning date of aid by ordering aid paid effective September 1.
3. If an authorized award is in effect, but through error no payment is made, and the payment due is made within a three-month period, including the month in which no payment was made. No further county action is necessary.
4. If a payment in a particular month is made for less than the authorized award for that month, and the additional payment due is made within a three-month period, including the month in which the erroneous payment was made. No further county action is necessary.

 Example: The authorized award for a recipient of OAS for October is \$75. Due to an error the recipient was paid \$60 for October. County shall pay recipient additional \$15 due for October in November or not later than December 31.
5. If an award has been made and remains in effect, but payment of aid is suspended and subsequently eligibility to the suspended warrants is established, action by the board of supervisors or its delegated agent is not required to release a suspended warrant. (See Sec. A-1324, Suspension Procedure.)
6. If a warrant is returned to the county auditor's office because of a change in the address of the recipient, such warrant shall be transmitted to the recipient's new address as soon as possible in the current month or within the two subsequent months following that for which the warrant was issued. (See Sec. A-1336, Time of Payment.)

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A-1316

AID PAYMENTS

Old Age Security

A-1316 (Continued)

A-1316

7. If aid is continuous and there is a change of payee, the warrant shall be delivered to the new payee as soon as possible in the current month or within the two subsequent months following that for which aid is granted.
8. If, in a transferred case, the second county fails to begin aid on the date due. To avoid interruption in receipt of aid, the second county shall pay retroactive aid. (See Sec. A-1400, Removal from County of Residence.)
9. If it is determined that an action resulted in the erroneous denial of an application or request for restoration, or an erroneous discontinuance of aid, the county shall correct such action by granting retroactive aid provided the erroneous action comes to the county's attention within 90 days after the date of the notification to the applicant or recipient. Such retroactive aid shall be authorized before the expiration of the fifth month following that in which the erroneous action occurred. The retroactive aid shall be paid in the amount to which the person was eligible and shall be paid from the date it would have been paid had the correct action been taken.
10. If the SDSW concurs in a county recommendation that retroactive aid be paid. (See Sec. A-1576, Stipulated Appeals)
11. If payment was made in conformity with the authorized award but the county subsequently determines that the recipient was eligible for a greater amount. Any retroactive aid found to be due shall be paid provided the county can authorize the additional payment before the expiration of five months following the month for which the recipient was underpaid.

The following principles shall govern when determining the amount of underpayment, if any, to be adjusted by payment of retroactive aid, and the date from which retroactive aid shall be paid.

- a. Responsibility rests upon the individual to report changes in his need and income.
- b. The total need for a particular month shall be determined on the basis of the total need in that month. Need shall not be increased by carrying forward any deficiency between total need in a prior month and the sum of the grant and the income in such prior month.
- c. Retroactive aid to adjust for underpayment shall be paid beginning with the first of the month in which a change in need and/or income is reported, or the first of the month in which increased need exists, whichever is later. For exception, see Sec. A-1317, Retroactive Aid Payments for \$2 or Less.

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Old Age Security

AID PAYMENTS

A-1316

A-1316 (Continued)

A-1316

- d. No retroactive aid shall be paid for months prior to the month in which changed need or income is reported unless (1) some special circumstance or event prevented reporting in the same month the change occurred and (2) payment can be authorized within the specified time limit.

If the facts could not have been known or reported within the month in which the changed circumstances occurred, and they were reported by the end of the following month, retroactive aid is payable from the first of the month in which the changed circumstances occurred. These special circumstances include:

- (1) The need arose too late in the month to give the recipient reasonable time in which to report within that month.
- (2) The recipient could not have known until the last day of the month that income would not be received, or would be received in a lesser amount than previously reported.
- (3) Infrequent mail service from isolated areas, etc.

Physical or mental incapacity, or other special circumstances, may have made it unreasonable to expect the recipient to report promptly. If report is made by him, or on his behalf, as soon as could reasonably be expected, any retroactive aid due is payable for each of the past months in which underpayment occurred.

(See Sec. A-1358 for explanation of offsetting under-and overpayments occurring in the period prior to 2 months preceding the month of adjustment and Sec. A-1310 for offsetting under-and overpayments within the 2 months preceding the month of adjustment.) (See Sec. A-1352, Federal Participation in OAS Payments)

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A-1316 (Continued)

A-1316

Counties may find it necessary in certain cases to give General Relief during a period when the applicant's or appellant's eligibility is being determined. If categorical aid is paid retroactively for any month(s), the General Relief paid in such months shall be taken into consideration in computing the retroactive grant.

(W&IC 2020, 2140, 2183, 2183.9, 2220; AGO NS 4670, FSSA)

A-1358 RIGHT TO REQUEST REPAYMENT OF AID

A-1358

CIRCUMSTANCES UNDER WHICH THERE IS NO RIGHT TO REQUEST REPAYMENT

Except to the extent that overpayment can be adjusted within the current adjustment period (see Secs. A-1310, Decrease in Grant and A-1312, Discontinuance of Aid) there is no right to request repayment for:

1. Overpayment during a period subsequent to the date the recipient reported or otherwise disclosed the facts affecting his eligibility.
2. Overpayment determined on the basis of facts of which the recipient had no knowledge.

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A-1358

AID PAYMENTS

Old Age Security

A-1358 (Continued)

A-1358

CIRCUMSTANCES UNDER WHICH THERE IS A RIGHT TO REQUEST REPAYMENT

In circumstances other than as stated immediately above, the eligibility factors involved govern the determination of the right to request repayment and the amount to be requested.

Overpayment Caused by Excess Real or Personal Property

If the recipient purposely withheld (or misrepresented) the facts in order to obtain aid to which he was not entitled, the right exists to request repayment of all aid paid during the period while property holdings were in excess of the allowable maximum.

If the recipient actually believed himself to be entitled to the aid received but failed to disclose facts merely because he believed them to be immaterial to his eligibility, the right exists to request repayment only to the extent of the largest amount by which his real or personal property holdings were excessive during the period of ineligibility.

In no event shall repayment be requested in an amount greater than the aid the recipient received while possessed of excess property, except as provided in Sec. A-1364, Discovery of Excess Property or Income Subsequent to Recipient's Death.

Overpayment Caused by Income (and/or Decreased Need)

The right exists to request repayment to the extent of the overpayment which occurred. It is irrelevant whether the recipient purposely failed to report his income or failed to report it because he thought it was immaterial to his eligibility.

When figuring the amount of overpayment for a particular month, special need occurring in that month but not reported by the end of the particular month shall not be allowed except as provided in Secs. A-1280, A-1310-A and A-1312-B. Further, the total need shall not be increased by carrying forward any deficiency between total need in a prior month, and the sum of the grant and the income in such prior month.

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Old Age Security

AID PAYMENTS

A-1358

A-1358 (Continued)

A-1358

Overpayment Caused by Factors Other Than Income or Excess Property

The right exists to request repayment to the extent of all aid paid during the period of ineligibility only if the recipient withheld or misrepresented the facts in order to obtain aid to which he was not entitled. Exception: If overpayment resulted from the recipient's failure to disclose the facts because he believed them to be immaterial, there is no right to request repayment for any overpayment which cannot be adjusted within the current adjustment period.

If a recipient failed to report or otherwise disclose the facts as to his eligibility, the right exists to request repayment as above defined even though the county may have had facts as to ineligibility from some other source and failed to act upon them.

If the right exists to request repayment, the county shall make a demand for repayment of the amount due. (See Sec. A-1368, Demand for Repayment.) However, if there is evidence that the recipient was underpaid for a past month or months for which the county is now required to pay retroactive aid (i.e., the recipient was entitled to receive an additional amount of aid for a particular month on the basis of changed need and/or income which had been reported (see Sec. A-1316, Item 11) the amount of repayment due may be decreased to the extent of such underpayment in lieu of issuing retroactive aid payments. The reason for a request for repayment in the reduced amount shall be explained in the case record.

Example: During reinvestigation in December it is determined that the recipient had unreported income in February which resulted in an overpayment of \$30 in that month only. Also the record shows that no action was taken to allow for a special medical need in September which the recipient reported in that month. On the basis of reported need in September the recipient is entitled to \$10 retroactive aid. Request is made for repayment of \$20 (\$30 overpayment in February less \$10 underpayment in September).

(W&IC 2140, 2222, 2223.5; AGO 47/307)

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Old Age Security

AID PAYMENTS

A-1318

A-1318 NOTIFICATION TO RECIPIENT OF CHANGE IN GRANT

A-1318

When aid is increased, decreased, or discontinued, the recipient shall receive written notification of the county's action immediately. The Notification of Action - Old Age Security, Form Ag 239, shall be used by the county unless a substitute form which incorporates the information appearing on the Form Ag 239 is used.

The notification, whether it be by means of Form Ag 239 or a substitute form, shall be in simple, understandable terminology. The amount of the grant, the reason for a change in grant or the reason for discontinuance shall be shown. The notification shall also show the source and amount of income considered in determining the amount of the grant and the total need from which income is deducted. If the recipient requests it, he shall be provided with a statement of the particular items of need, the amount allowed for each item and the total need. Such statement shall be provided him within ten days after the request is made.

In addition to the above requirement, the recipient shall be notified of his right of appeal to the SDSW for a fair hearing and his right to a hearing before the board of supervisors. The case record shall show that such notification was sent. (See Secs. A-276, Reporting County Action to Applicant, and A-1324, Suspension Procedure.)

(W&IC 2016, 2140, 2181.1, 2182, 2220.5; FSSA)

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A-1324

AID PAYMENTS

Old Age Security

A-1324 SUSPENSION PROCEDURE**SUSPENSION OF AID****A-1324**

The county may for cause, and upon instructions to do so by the SDSW, shall cancel, suspend, or revoke aid except that an initial payment may not be suspended. Aid shall be withheld by the county when there is neither proof of continued eligibility nor proof of ineligibility.

When delivery of a warrant is withheld beyond the usual delivery date for aid payments (for reason other than death) the recipient shall receive immediate notification. The Notification of Action - Old Age Security, Form Ag 239, or a substitute incorporating the information appearing on the Form Ag 239, shall be mailed to the last known address of the recipient and the case record shall show such notification was sent. The notification whether by Form Ag 239 or a substitute form shall include:

- (1) The reason for which the recipient's warrant is withheld.
- (2) A statement of what information, if any, is needed from the recipient or action required of him to assist in the clarification of his eligibility, and
- (3) Assurance that prompt investigation will be made and the withheld warrant paid if he is found eligible to receive it. (See Sec. A-276, Reporting County Action to Applicant.)

Suspension is the process whereby delivery of a warrant is withheld beyond the month for which the warrant is issued while circumstances which raise question regarding the recipient's continued eligibility are investigated. Upon completion of the investigation withheld and/or suspended warrants are either released to the recipient or canceled. Discontinuance of aid differs from suspension in that aid is discontinued only when the information establishes ineligibility for continued aid. An initial warrant may not be suspended. (See Sec. A-1306, Initial Payments.)

Action authorizing the suspension of aid shall be taken by the county as soon as possible after the first of the month following that for which delivery of a warrant is withheld. (If the recipient has already been notified of the reason the warrant was withheld, further notification of the suspension action is not required.) Exception: If the county establishes eligibility prior to suspension action on the withheld warrant, the warrant may be released without the necessity of suspension action.

Upon request of the SDSW, an immediate report of every suspension of aid shall be made. Such report shall state the reason for the suspension, the date on which the county approved the suspension, and the progress made toward establishing eligibility.

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Old Age Security

AID PAYMENTS

A-1324

A-1324 (Continued)

A-1324

When delivery of a warrant has been withheld but eligibility is subsequently established and the warrant is delivered on or before the last day of the month for which it is issued, suspension action is not necessary.

When information which raises question regarding continued eligibility makes it advisable to withhold delivery of the warrant for a particular month investigation of the eligibility question which caused the suspended payment shall proceed promptly and with all diligence in order that eligibility for continued aid may be established at the earliest possible date. In such cases a notice shall be forwarded to the county auditor requesting that delivery of the warrant for the specified month be withheld. The specific reason why eligibility is questioned shall be recorded on the notification to the auditor, a copy of which shall be retained in the county case record.

Counties may devise their own form for notification to the county auditor. It may be advisable for such notification to be the same size as the warrant as this facilitates filing information regarding the dates of release with such warrants when they are returned to the auditor's office after having been cashed by the payee.

When investigation establishes eligibility, two copies of a notification prepared in triplicate, shall be forwarded to the county auditor requesting release of the warrant for the particular month. One copy shall be retained in the county file. A statement covering the results of the investigation which justified release of the warrant shall be included in the case record, either in the narrative or on the notification to the county auditor. Upon release of the suspended payment, the auditor shall indicate on the second copy the date of release of the warrant, sign it, and return it to the county welfare department where it shall be filed in the county case record. Authorization by the board of supervisors or delegated agent is not required to release a suspended warrant. (See Sec. A-1316, Retroactive Aid Payments)

When factors beyond the control of the county delay the receipt of information necessary for a determination regarding eligibility, the warrant for the second month shall be issued but delivery withheld while investigation is continued. Such situations may be due to failure to receive replies from persons or agencies in another locality, to the physical condition of the recipient, etc. A notice shall be forwarded to the county auditor specifying the particular month for which delivery of the warrant is to be withheld and a copy of this retained in the county case record. When necessary, delivery of this warrant may be withheld beyond the month for which it is issued and further suspension action or notification to the recipient of the reason for withholding payment, is not required. (See Sec. A-1316, Retroactive Aid Payments)

In extreme cases, delivery of the warrant for the third month may also be withheld. When the investigation has not determined by the last day of the third month, that the recipient is eligible, the warrant for the third month, together with the warrants for the two previous months shall be canceled. Aid shall be discontinued effective the last day of the month immediately preceding the first suspended payment. The authorization document, reporting the discontinuance, shall be filed in the case record. (See Sec. A-1320, OAS Authorization Document)

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AID PAYMENTS

Old Age Security

A-1324 (Continued)

A-1324

When eligibility is established during the second or third month, the usual notification to the county auditor shall be forwarded in duplicate, requesting that the withheld warrants be released. The auditor shall return one copy to the county welfare department after indicating the particular warrants which were released and the date of release. In no case may the warrants be released later than the last day of the third month.

When ineligibility to all of the suspended warrants and to current aid is established, the suspended warrant or warrants shall be canceled. The authorization document shall be filed in the case record reporting discontinuance of aid effective the last day of the month preceding that for which the warrant or warrants are canceled. The authorization document shall also indicate which warrant or warrants are to be canceled.

When the ineligibility to one or more of the suspended warrants is established but there is current eligibility and the grant continues, the policies and procedures in Sec. A-1326, Cancellation of Warrants for Months During Which Recipient Was Ineligible Under Suspension Procedure, shall be followed. (See Sec. A-1328, Changes in Grant During Suspension of Aid)

(W&IC 2140, 2220)

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B-180 REPORTING ACTIONS OF COUNTY TO SDSW

B-180

The SDSW shall be notified of the action of the county on all applications, requests for restoration, discontinuances, and requests for change from one form of aid to another within 15 days after such action by submission of the properly completed appropriate form or forms set forth in the following chart:

Granted

Application - Bl 200
Authorization Document - Bl 278
Social Data Record Card - Bl 251

Denied

Application - Bl 200
Authorization Document - Bl 278

If denial is corrected a copy of the completed authorization document showing approval by the county shall be submitted to the SDSW (See Sec. B-230). If aid is granted on an appeal to the SDSW following a denial or discontinuance, a completed authorization document shall be forwarded to the SDSW.

For detailed procedures with respect to county aid claims, reference should be made to the Manual of Fiscal Policies and Procedures.

(W&IC 3077, 3085, 3089, 3460)

B-185 SOCIAL DATA RECORD CARDS

B-185

Social Data Record Card (Form Bl 251) shall accompany each approved application (Form Bl 200) submitted to SDSW. Form Bl 251 shall accompany each application for an APSB case even though case has been continuously on aid under the ANB program. (See Chapter XVII on Social Data Record Card - Sec. B-900 et. seq.)

(W&IC 115, 116, 3075, 3460)

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Aid to the Blind

DETERMINATION OF ELIGIBILITY

B-224 FACSIMILE SIGNATURES

B-224

Documents on which facsimile signatures are acceptable are:

Authorization to Pay, Deny, Suspend, or Discontinue Aid to the Blind
signed by county worker and by case supervisor or county director; also
signed by county clerk or deputy or the delegated agent of the board of
supervisors. (See Sec. B-663)

Social Data Record Card (Bl 251) signed by "person completing form."

Notification of Transfer (AB 215) signed by county worker.

It is necessary that the facsimile signatures be affixed either by or
under the special authority of the county officer whose signature is thus affixed.

(WaIC 3075, 3460)

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B-228 SOCIAL DATA RECORD CARDS

B-228

(Repealed)

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Aid to the Blind

DETERMINATION OF ELIGIBILITY

**B-232 NOTIFICATION TO APPLICANT OR RECIPIENT
 REGARDING APPLICATION OR AMOUNT OF AID**

B-232

The applicant or recipient shall be notified in writing immediately following any action taken by the county regarding:

1. Disposition of the application or request for restoration.
2. Change in amount of aid.
3. Discontinuance of aid.
4. Change in one form of aid to another, or denial of a request for change.
5. Withholding of aid payment.

The Notification of Action, Form BL 239, shall be used by the county unless a substitute form which incorporates the information appearing on the Form BL 239 is used. The notification, whether it be by means of Form BL 239 or a substitute form shall be in simple understandable terminology individualized on the basis of the circumstances in the particular case and shall include:

1. The date the form is sent.
2. The type of aid (ANB - APSB).
3. The nature of the county action.
4. The date from which the action is effective and the amount of aid if applicable.
5. The reason for such action if the application or request for restoration is denied.
6. The source and amount of income deductions.
7. The total need from which income is deducted.
8. The reason for such action if aid is withheld. The notification shall include a statement of what information, if any, is needed from the recipient or action required of him to assist in the clarification of his eligibility; and assurance that prompt investigation will be made and the withheld warrant paid if he is found eligible to receive it.
9. A suggestion that any questions regarding the county's action be discussed with the county.
10. A statement regarding the right to request a hearing before the board of supervisors; to inform the office of the SDSW of any complaint regarding the county's action; to appeal for a hearing, and a decision by the SSWB within 90 days. Such statement shall be in conformity with that set forth on the reverse of the printed Form BL 239.

If a recipient requests it, he shall be provided with a statement of the particular items of special need allowed, the amount allowed for each item, and the total need. Such statement shall be provided him within 10 days after the request is made.

(WIC 7.1, 104.1, 3075, 3087.5, 3089, 3460, 3473, 3473.2)

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BLINDNESS

Aid to the Blind

B-279 EXPENSES IN CONNECTION WITH EYE OR
NEUROPSYCHIATRIC EXAMINATIONS

B-279

No person shall be required to pay any part of the cost of an eye examination that is required by the SDSW in connection with his application for, or continued receipt of, aid. The cost of any examination required by the SDSW for the purpose of determining degree of blindness shall be paid by the county in the same manner as other expenses of the county are paid. The maximum fee which is considered proper county administrative expense for each eye examination is \$10. Exception: In cases of conflict in eye examination reports where an additional or "referee" examination and report is required, a fee of \$15 is a proper administrative expense.

A reasonable fee for a neuropsychiatric examination, if required, may be considered an allowable county administrative expense. (See Sec. B-264, Neuropsychiatric Examinations.)

Necessary transportation expenses are allowable within the county for eye examinations by physicians or optometrists on the lists, or outside the county if there is no examiner (physician or optometrist) in the category chosen by the individual listed for that county. In ANB, necessary transportation expenses are subject to federal reimbursement (See Secs. B-249, Determination of Degree of Blindness, and B-756, Federal Participation in Administrative Cost.)

(W&IC 3075, 3083, 3083.1, 3460, 3462.1, 3471)

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B-328 VERIFICATION OF STATE RESIDENCE

B-328

The affidavit of one reputable citizen is required to establish that the applicant meets the required period of state residence.

The Affidavit Regarding Residence of Applicant, Form Bl 221, is used for this purpose. The affidavit shall include a statement of facts on which the affiant bases his knowledge of the period of residence. If one affidavit is not sufficient to verify the applicant's residence for the entire period required, additional affidavits may be obtained until evidence for the full period is on file.

In case such an affidavit is not available, residence may be verified by papers or documents in applicant's possession, or other evidence, such as:

1. Rent or utility receipts or accounts covering a continuous period;
2. Social agency records;
3. Physicians' and lawyers' records;
4. Mail addressed to the applicant;
5. Lodge or club records;
6. In the case of a transfer from OAS, residence may be verified by means of the OAS record. The Aid to Blind record shall contain a statement that residence was so verified. (See Sec. B-334, How Residence is Lost.)

(W&IC 3075, 3083, 3460, 3471)

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B-612 (Continued)

B-612

15. Debts—Required payments on an existing encumbrance against the home of an applicant represent a need to be considered in determining the cost of housing, irrespective of the purpose for which the debt was incurred. Required payments on indebtedness secured by an applicant's furniture or some other item of personal property represent a special need if the item of personal property is a current necessity, irrespective of the purpose for which the debt was incurred.

If a secured debt is incurred or increased while a recipient of aid, the reason for such new indebtedness shall be determined. If the secured indebtedness was incurred or increased for purpose of purchasing some item which could not be recognized as a need, the increase in the required encumbrance payment (or the required payment on a new encumbrance) shall not be recognized as a need when determining total need. Likewise such increase in the required encumbrance payment shall not be considered when determining net occupancy value.

Example 1: A recipient entered into a new contract for paying off the remaining \$800 due on the encumbrance on his home. Under the new arrangements the monthly payments would be reduced but would extend over a longer period. At the same time the encumbrance was increased by \$400 which sum was borrowed to finance a trip. The required monthly payment on the \$1,200 total indebtedness is \$18 a month (principal and interest). Of the total indebtedness, $\frac{2}{3}$ ($800/1,200$) represents the amount due on the original loan. The amount of encumbrance payment to be considered in determining housing need is $\frac{2}{3}$ of \$18, or \$12.

Example 2: A recipient secured a \$300 loan against his home to provide a required new roof. This represents the only encumbrance. He still owes \$280 on the encumbrance and the required monthly payments (interest and principal) are \$14 a month. The roof repair represented a need and the need for money to pay off the remaining encumbrance represents a special need which is allowed in determining the housing need of the recipient.

The required monthly payment on an encumbrance placed by a recipient against his home shall not be considered a current need if the grant plus the income has equalled total need which included allowance for the item for which the property was encumbered (or the encumbrance increased).

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AID PAYMENTS

Aid to the Blind

B-612 (Continued)

B-612

The need for money to pay an unsecured debt incurred while an applicant for or a recipient of aid represents a special need if the debt is for, or was incurred to pay for:

1. A current necessity such as a prosthetic appliance, necessary housing repairs, if the cost is \$10 or more, necessary household equipment as defined in this section and in Sec. B-615

or

2. Medical care.

Special need allowance for monthly payments on such unsecured debts shall be limited to a one year period (12 months following the month in which the need occurred) whether or not full allowance for the payment of the indebtedness will be made within the one year limit. Allowance for payments on debts for items within the definition of medical care (Sec. B-615), shall be allowed to meet the actual amount of the debt not to exceed the ceilings set forth in the sections covering such items as hearing aids, glasses, dentures, dental care, etc. For other types of medical care, allowance on the total unsecured debt for any one illness occurring within a single year shall not exceed \$300.

No allowance shall be made for required payments on an unsecured debt incurred prior to date of application.

Special need for payments on secured or unsecured debts as referred to herein shall be allowed beginning with the month in which the debt is reported. Exception: Allowances for payments on such debts shall be made beginning with the month following the occurrence which gave rise to the debt when report was made as soon as could reasonably be expected under special circumstances as stated in Sec. B-630, Item 11d.

(W&IC 3075, 3084)

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(Pursuant to Government Code Section 11380.1)

B-615 (Continued)

B-615

D. Nursing Home, Sanatorium, or Rest Home Care

The cost of nursing home, sanatorium, or rest home care represents special need if the recipient's condition requires this type of care, as determined or recommended by his physician or practitioner. The maximum allowances for nursing home care, as set forth below, take into consideration the fact that the amount charged will vary according to the kind and extent of services needed by the recipient and according to conditions in various areas.

In order to determine which maximum will apply in a given case, the agency shall secure information from the physician or practitioner as to the kind of care required by the recipient. The nature of the services provided in the nursing home in which the recipient receives care or plans to receive care, and the rate charged shall also be determined. If, in addition to services usually provided, the nursing home also furnishes prescribed medications (prescriptions and proprietary drugs prescribed by physician) for the individual patient, special medical supplies and appliances required by the patient, or physician's services, and the rate is correspondingly higher, allowance may be made for these special needs in addition to the established maximum. Such allowance shall be based on the charge usually made for these services when provided through the nursing home. If the cost of prescribed medication, special medical supplies, appliances, or physician's services is not included in the nursing home rate, an additional allowance may be made based on the cost of the required item as reported by the recipient or other individual meeting the cost of the service.

If the physician or practitioner determines a recipient's condition requires placement in a private room, an additional amount, not to exceed \$50, may be allowed to meet the cost for the period this type of accommodation is necessary. If a recipient does not require a private room, but this is the only type of accommodation available, a three-months' adjustment period is permitted to enable the recipient to secure care in a ward or semi-private accommodation within the maximum cost allowed for the type of care he requires.

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Aid to the Blind

AID PAYMENTS

B-615 (Continued)

B-615

Maximum allowances

Group I--The maximum allowance for nursing home care for recipients requiring only a minimum amount of care and service, i.e., board, room, laundry, including personal laundry, and some personal service or supervision, shall not exceed \$125. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

Group II--The maximum allowance for nursing home care for recipients requiring nursing service (rendered by registered or practical nurses), shall not exceed \$165. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

Group III--The maximum allowance for nursing home care for recipients who are bedfast and require extensive nursing care shall not exceed \$210. An additional allowance of \$20 shall be made to meet cost of clothing and incidental needs.

If the cost exceeds the maxima defined under Groups I, II or III and facilities to meet the individual's need are available within the maximum, a three-months' period shall be allowed to permit the recipient to secure care within the allowable amount. Thereafter, if the recipient remains under care at a rate exceeding the maximum, the allowable amount for the type of care required shall be considered to represent the need for that item.

Example: Mr. A is receiving care in a nursing home paying \$200 a month. He requires Group II care which is available within the allowable maximum. He has no other special needs. Total need is \$165 (maximum for Group II care) plus \$20 (for clothing and incidentals), or \$185. Relatives contribute \$110 toward the cost of care and there is no other income. This amount subtracted from \$185 results in a grant of \$75.

If there are no available facilities where the required care can be received within the maxima defined for Groups I, II or III, or a physician recommends against moving the patient because of factors in the individual case, special need for care may be determined on the basis of the actual cost. However, the allowance shall not exceed the minimum amount for which adequate care for the individual can be secured.

E. Private Hospital Care

The cost of private hospital care represents special need if recommended by the physician or practitioner, and the type of care required is not available for less in the community.

(Section Continued on Next Page)

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B-615 (Continued)

B-615

F. Prepaid Medical and Hospital Care

If a recipient is enrolled in a prepaid medical care plan (e.g., California Physician's Service, Ross-Loos Medical Group, Permanente Health Plan) or in a prepaid hospital service plan (e.g., Blue Cross, Intercoast Hospitalization Insurance) or carries a disability insurance policy which includes specific provision for hospitalization and/or medical care, the cost of the policy may be allowed up to a maximum of \$6 monthly. Insurance policies in which a disability clause is incidental or which have limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.) do not come within the meaning of this provision.

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B-630 RETROACTIVE AID PAYMENTS

B-630

Retroactive aid means aid paid in a subsequent month for some preceding month or months. All payments of aid shall be made within the month for which aid is granted except that retroactive aid shall be paid by the county in the following types of situations:

1. If retroactive aid is granted upon appeal to the SSWB or if the SDSW concurs in the county's recommendation that the appeal be adjusted by payment of retroactive aid without hearing by the SSWB.
2. If retroactive initial payments on applications or restorations are due because the determination of eligibility exceeded the period allowed by law. The action of the county may be an original action on the application or restoration or a subsequent action to correct the original action where it is found that the beginning date originally established was not in accord with the legal provisions. (See Sec. B-624)

Example 1: An application which was signed on June 15 was approved on October 15, aid to start effective October 1. On October 25 the county discovers that aid should have been effective September 1, according to the provisions of W&IC 3082. On November 2 the county takes action correcting the erroneous beginning date of aid by ordering aid paid effective September 1.

Example 2: The county did not complete the investigation on a restoration requested September 3, 1951, until December 5, 1951, when action was taken granting retroactive aid effective October 1, 1951.

Example 3: Restoration was requested September 3, 1951, and the county took action on October 25, 1951, granting aid, effective November 1, 1951. The county realized its error and took action November 10, 1951, granting retroactive aid, effective October 1, 1951, thus correcting its October 25th action in accord with the provisions of W&IC 3078.3 and 3475.

3. If an authorized award is in effect, but through error no payment is made, and the payment due is made within a three-month period, including the month in which no payment was made. No further action by the county is necessary.

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Aid to the Blind

AID PAYMENTS

B-630 (Continued)

B-630

4. If a payment in a particular month is made for less than the authorized award for that month, and the additional payment due is made within a three-month period, including the month in which the erroneous payment was made. No further action by the county is necessary.

Example: The authorized award for a recipient for October is \$75. Due to an error, the recipient was paid \$60 for October. County shall pay recipient additional \$15 due for October in November or not later than December 31.

5. If an award has been made and remains in effect, but payment of aid is suspended as provided in Sec. B-636, Suspension Procedure, and subsequently eligibility to the suspended warrants is established.
6. If a warrant is returned to the county auditor's office because of a change in the address of the recipient, such warrant shall be transmitted to the recipient's new address as soon as possible in the current month or within the two subsequent months following that for which the warrant was issued.
7. If aid is continuous and there is a change of payee, the warrant shall be delivered to the new payee as soon as possible in the current month or within the two subsequent months following that for which aid is granted.
8. If, in a transferred case, the second county fails to begin aid on the date due. To avoid interruption in receipt of aid, the second county shall pay retroactive aid.
9. If it is determined that an action resulted in the erroneous denial of an application or request for restoration, or an erroneous discontinuance of aid, the county shall correct such action by granting retroactive aid provided the erroneous action comes to the county's attention within 90 days after the date of the notification to the applicant or recipient. Such retroactive aid shall be authorized before the expiration of the fifth month following that in which the erroneous action occurred. The retroactive aid shall be paid in the amount to which the person was eligible and shall be paid from the date it would have been paid had the correct action been taken.

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AID PAYMENTS

Aid to the Blind

B-630 (Continued)

B-630

10. If the SDSW concurs in a county recommendation that retroactive aid be paid or if the county concurs in a SDSW recommendation that retroactive aid be paid in appeals involving degree of blindness. (See Sec. B-739, Stipulated Appeals)
11. If payment was made in conformity with the authorized award but the county subsequently determined that the recipient was eligible for a greater amount. Any retroactive aid found to be due shall be paid provided the county can authorize the additional payment before the expiration of five months following the month for which the recipient was underpaid.

The following principles shall govern when determining the amount of underpayment, if any, to be adjusted by payment of retroactive aid, and the date from which retroactive aid shall be paid.

- a. Responsibility rests upon the individual to report changes in his need and income.
- b. The total need for a particular month shall be determined on the basis of the total need in that month. Need shall not be increased by carrying forward any deficiency between total need in a prior month and the sum of the grant and the income in such prior month.
- c. Retroactive aid to adjust for underpayment shall be paid beginning with the first of the month in which a change in need and/or income is reported, or the first of the month in which increased need exists, whichever is later. For exception see Sec. B-627, Changes in Amount of Aid.
- d. No retroactive aid shall be paid for months prior to the month in which changed need or income is reported unless (1) some special circumstance or event prevented reporting in the same month the change occurred and (2) payment can be authorized within the specified time limit.

If the facts could not have been known or reported within the month in which the changed circumstances occurred, and they were reported by the end of the following month, retroactive aid is payable from the first of the month in which the changed circumstances occurred. These special circumstances include:

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B-630 (Continued)

B-630

- (1) The need arose too late in the month to give the recipient reasonable time in which to report within that month.
- (2) The recipient could not have known until the last day of the month that income would not be received, or would be received in a lesser amount than previously reported.
- (3) Infrequent mail service from isolated areas, etc.

Physical or mental incapacity, or other special circumstances, may have made it unreasonable to expect the recipient to report promptly. If report is made by him, or on his behalf, as soon as could reasonably be expected, any retroactive aid due is payable for each of the past months in which underpayment occurred.

(W&IC 3075, 3078.3, 3078.5, 3460, 3475; AGO NS 4670)

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Aid to the Blind

AID PAYMENTS

B-636 SUSPENSION PROCEDURE**B-636**

Suspension is the process whereby delivery of a warrant is withheld beyond the month for which the warrant was issued while circumstances which raise question regarding the recipient's continued eligibility are investigated. Aid shall be suspended by the county if eligibility is questionable, except that an initial payment may not be suspended or held. Upon completion of the determination of eligibility, withheld and/or suspended warrants are either released to the recipient or canceled. (Discontinuance of aid differs from suspension in that aid is discontinued only if the information establishes ineligibility for continued aid.) The recipient shall be notified immediately of the county's action, the reason, and his right of appeal. (See Sec. B-232, Notification to Applicant or Recipient Regarding Application or Amount of Aid)

Action authorizing the suspension of aid shall be taken by the county as soon as possible after the first of the month following that for which delivery of a warrant is withheld. (If the recipient has already been notified of the reason the warrant was withheld, further notification of the suspension action is not required.) Exception: If the county establishes eligibility prior to suspension action on the withheld warrant, the warrant may be released without the necessity of action authorizing the suspension of aid.

Upon request of the SDSW, an immediate report of every suspension of aid shall be made. Such report shall state the reason for the suspension, the date on which the county approved the suspension, and the progress made toward establishing eligibility. If it appears upon inquiry that the aid has been obtained improperly, it shall be canceled by the SDSW; and if it appears that aid was obtained properly, the suspended payment shall be payable.

If delivery of a warrant has been withheld but eligibility is subsequently established and the warrant is delivered on or before the last day of the month for which it is issued, suspension action is not necessary.

Aid shall not be discontinued or suspended upon receipt of a Report of Eye Examination (Form Bl 227 or Bl 227A) which raises question as to the degree of blindness. The procedure outlined in Sec. B-259, Procedure when Continued Eligibility of a Recipient is Questioned on Degree of Blindness, shall be followed.

If information which raises question regarding continued eligibility makes it advisable to withhold delivery of the warrant for a particular month, determination of the eligibility question which caused the suspended payment shall proceed promptly and with all diligence in order that eligibility for continued aid may be established at the earliest possible date. In such cases a notice shall be forwarded to the county auditor requesting that delivery of the warrant for the specified month be withheld. The specific reason why eligibility is questioned shall be recorded on the notification to the auditor, a copy of which shall be retained in the county case record. Counties may devise their own form for notification to the county auditor.

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AID PAYMENTS

Aid to the Blind

B-636 (Continued)

B-636

If eligibility is determined, two copies of a notification prepared in triplicate shall be forwarded to the county auditor requesting release of the warrant for the particular month. One copy shall be retained in the county file. A statement covering the results of the determination which justified release of the warrant shall be included in the case record, either in the narrative or on the notification to the county auditor. Upon release of the suspended payment, the auditor shall indicate on the second copy the date of release of the warrant, sign it, and return it to the county welfare department where it shall be filed in the county case record. County action is not required to release a suspended warrant.

If factors beyond the control of the county delay the receipt of information necessary for a determination regarding eligibility, the warrant for the second month shall be issued but delivery withheld while determination is continued. Such situations may be due to failure to receive replies from persons or agencies in another locality, to the physical condition of the recipient, etc. A notice shall be forwarded to the county auditor specifying the particular month for which delivery of the warrant is to be withheld and a copy of this retained in the county case record. If necessary, delivery of this warrant may be withheld beyond the month for which it is issued and further suspension action or notification to the recipient of the reason for withholding payment is not required.

In extreme cases, delivery of the warrant for the third month may also be withheld. If the determination has not been made by the last day of the third month that the recipient is eligible, the warrant for the third month, together with the warrants for the two previous months, shall be canceled, and authorization document reporting discontinuance of aid effective the last day of the month immediately preceding the first suspended payment, shall be submitted to the SDSW.

If eligibility is established during the second or third month, the usual notification to the county auditor shall be forwarded in duplicate, requesting that the withheld warrants be released. The auditor shall return one copy to the county welfare department after indicating the particular warrants which were released and the date of release. In no case may the warrants be released later than the last day of the third month.

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B-636 (Continued)

B-636

If an authorized award is in effect but delivery of two or more warrants is withheld under the provisions of this section, while determination of eligibility is made, it will sometimes be established that the recipient was ineligible to certain of the suspended warrants but eligible to the others. The warrant or warrants to which the recipient is found ineligible shall be canceled and such cancellations shall be reported to the SDSW as required in Sec. F-740, Manual of Fiscal Policies and Procedures.

If aid continues, the cancellation of an interim suspended warrant does not result in an interruption of the authorization for payment of aid. The authorization has been continuously in effect and, therefore, aid is not discontinued by a canceled payment. The delivery of a warrant for the month following the period covered by the canceled suspended warrant or warrants does not represent restoration. The authorization document showing county action shall be filed in the case record indicating the month or months for which the suspended payments were canceled together with the reason.

(W&IC 7.1, 3075, 3078, 3078.5, 3460)

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Aid to the Blind

SOCIAL DATA RECORD CARD

**B-900 PURPOSE, SOCIAL DATA RECORD CARD - AID TO THE BLIND -
 FORM BL-251**

B-900

Form BL-251 is designed for the collection of socio-economic data on ANB and APSB. Information collected on these schedules will be used:

1. To prepare estimates on the cost and effect of proposed legislation.
2. To predict and evaluate the results of proposed departmental rulings and changes in policy and procedure.
3. To estimate the effect of changes in social and economic conditions.
4. To provide basic socio-economic data on ANB and APSB for welfare administrators and other public officials and for public information.
5. To provide information required for special and routine reports to the FSSA.

While this schedule is primarily designed to gather information on recipients at intake (i.e., new applications and reapplications) it may also be used periodically for special studies on samples of the continuing caseload.

(W&IC 115, 116, 3075, 3460)

B-905 SUBMITTAL OF FORM BL-251, SOCIAL DATA RECORD CARD - AID TO THE BLIND B-905

One copy of Form BL-251 shall accompany each approved application and re-application for ANB and APSB (Form BL-200) to the SDSW. This does not apply to restorations and transfers from other counties.

(W&IC 115, 116, 3075, 3460)

**B-910 GENERAL INSTRUCTIONS FOR FORM BL-251, SOCIAL DATA RECORD CARD -
 AID TO THE BLIND**

B-910

Except as noted below all items require entries. It is emphasized that "no," "none," and "unknown" are significant information and are to be reported whenever applicable. A dash (-) is to be used only to indicate that an item is not applicable to a particular case.

(W&IC 115, 116, 3075, 3460)

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SOCIAL DATA RECORD CARD

Aid to the Blind

**B-915 SPECIFIC INSTRUCTIONS FOR FORM BL-251, SOCIAL DATA RECORD CARD -
 AID TO THE BLIND**

B-915

County - Enter the name of the county.

Name - Enter the name of the recipient.

Date of Approval - Enter the date on which the application (or reapplica-
 tion) was granted by action of the board of super-
 visors (or agent).

State Number - Enter the state number.

County Number - Enter the county number.

Item 1. Program and Status of Case - Check the appropriate box to indicate whether the recipient is being paid ANB or APSB and whether he made a new application or a reapplication. Only if the schedule is being prepared for a special caseload study should "3" or "6" be checked.

Item 2. Year of Birth - Enter the year in which the recipient was born.

Item 3. Total Years in California - Enter the total number of years the recipient has lived in California as of the date of this schedule.

Item 4. Citizenship - Check the appropriate box. A recipient who has only taken out first papers is a noncitizen.

Item 5. Sex and Race - Check the one appropriate box. For all persons of Mexican decent (including Mexican-Indian), check "Mexican." "Indian" refers to American Indian.

Item 6. Marital Status - In addition to marital status of the recipient, this item identifies married couples who are living together and are both receiving public assistance. Indicate, by checking the appropriate box, the type of public assistance received by a spouse.

Check "single" if the recipient has never been married.

Check "divorced" if an interlocutory divorce decree is in effect as well as for final divorce and for annulment.

Check "separated" if the recipient is married, but not living with the spouse, and they apparently have no intention of re-establishing a home together. Include legal separation.

Item 7. Living Arrangements - Check "Alone" if the recipient lives alone in a house, apartment, or flat, whether preparing his own meals or eating elsewhere. Do not check "Alone" if the recipient is living in an institution, boarding home, or rest home. Report such situations under "Other arrangement." In all other cases, check all appropriate items. For example, if living with spouse and children, check codes "1" and "2."

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Aid to the Blind

SOCIAL DATA RECORD CARD

B-915 (Continued)

B-915

Item 8. Personal Property of Recipient - Report only the recipient's separate holdings and his share of any community property. If unmarried, make all entries in the column headed "separate property."

Enter the amounts used in determining eligibility.

None - If the recipient has no personal property, check "none."

Cash - Enter the value of cash on hand, in the bank, in postal savings accounts, etc.

Market Value of Securities - Enter the current market value of securities (stocks, mortgages, notes, etc.).

Life Insurance - Enter the net cash surrender value of all life insurance policies.

Burial Insurance or Trust; Interment Plot - Enter the value of burial insurance, burial trust or similar funds, and interment plots.

Motor Vehicle(s) - Enter the value of automobiles, trucks, motorcycles, etc. Exclude the value of motorized farm equipment and house trailers used as dwellings. Such farm equipment should be reported as "Other" personal property. House trailers used as dwellings are real property.

Other - If an item of personal property fits none of the other listed categories, specify its type and enter its value in "Other."

Total, Both Columns - Enter the sum of the entires in the two columns.

Item 9. Personal Property of Married ANB Recipient and Spouse Living Together and Spouse Receiving or Applying for ANB - If ANB recipient is married, enter the combined value of all separate and community property (excepting "personal effects") owned by the couple, if they are living together and the spouse is also receiving or applying for ANB. Otherwise enter a dash(-).

Item 10. Real Property - For ANB cases report on all real property of recipient and spouse, including spouse's separate property, unless the couple is not living together. For APSB cases report only the recipient's real property.

Nature of Real Property - Note that for purposes of Aid to the Blind, any place of abode is considered real property. A house trailer or houseboat should, therefore, be checked "home," if it is used by the recipient as a dwelling.

Value of Real Property - Total Assessed Value - Enter the total county assessed value of all real property reported under "Nature of Real Property."

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SOCIAL DATA RECORD CARD

Aid to the Blind

B-915 (Continued)

B-915

Total Encumbrances - Enter the total amount of encumbrances against the real property reported under "Nature of Real Property."

Net Assessed Value - Enter the difference between the total assessed value and total encumbrances. If the encumbrances are greater, enter "0."

Item 11. Sources and Amounts of Income Other than Grant - Check "no income" if the recipient has no income. Disregard casual and inconsequential income. (See Sec. B-534.)

If the recipient has regularly recurring lump-sum income received at intervals greater than one month, prorate in accordance with Sec. B-574.

Generally, the sources listed are self-explanatory. However, the following points should be made:

1. If OASI is paid in the recipient's name but a portion is allocated to the spouse, enter only the amount remaining to the recipient.

If OASI is allocated to the recipient by the spouse, report the amount allocated as a "contribution from spouse."

2. If the recipient receives net income from rental of real property (in which he has an ownership interest), show this as "net income from real property." On the other hand, net income from subrentals and boarders should be reported as earnings.
3. If recipient has earnings, report the full amount of his net earnings. Include exempt earnings.
4. Contributions from children are to be reported according to whether they are made in cash or in "kind," e.g., free rent.
5. If income is received from any source other than those listed, report under "other" and specify the source.

In the space provided, enter the total amount of all income reported. Note that this may be greater than the amount shown in Item 12C, since net earnings are to be reported in full in this item.

Item 12. Financial Summary

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Aid to the Blind

SOCIAL DATA RECORD CARD

B-915 (Continued)

B-915

Item 12A. Type of Grant - Check the appropriate box to indicate whether aid is being paid on a flat grant or a special needs basis.

NOTE: Persons who receive a maximum grant because they have no income whatever, and persons whose grants are determined by subtracting their outside income from the maximum are referred to as "flat grant" cases.

Item 12B. Total Need - Enter the computed total need for ANB special need cases only. Enter a dash (-) for ANB flat grant cases and APSB cases.

Item 12C. Total Nonexempt Monthly Income - Enter the recipient's total monthly income, omitting any net earnings of \$50.00 or less. This amount may be smaller than the total reported in Item 11. If no income, enter "none."

Item 12D. AB Grant (Full Month) - Enter the amount of the first full month's grant. Disregard any grant reduction made to compensate for temporary advances from General Relief funds.

Item 12E. Unmet Need - If the total need exceeds the sum of the recipient's nonexempt income and his grant, enter the difference. If there is no unmet need, enter "none." For flat grant cases enter a dash (-).

Item 13. Education - Circle the number which indicates the highest grade or year of education the recipient has completed.

Item 14. Rehabilitation - Check the proper box to indicate the recipient's status or attitude with respect to rehabilitation training.

Item 15. Employment - Check the proper box in each column to indicate the recipient's status with respect to current and past self-employment and employment by another person.

Item 16. Principal Sources of Support During 12 Months Preceding Application - Check the box opposite each of the listed sources from which the recipient received important support during the 12 months preceding application. Specify sources not listed, in the space provided.

It is important that each schedule be dated and signed by the person completing it.

(W&IC 115, 116, 3075, 3460)

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S-120 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON
FORMS AG, BL, APSB 237

S-120

Each report is divided into four parts as follows:

- A. REQUESTS FOR AID - Include all requests for aid except requests for restoration of aid and requests for inter-county transfers.
- B. APPLICATIONS AND REQUESTS FOR RESTORATION - Separate columns are provided for applications (Column 1) and requests for restoration (Column 2). Exclude applications for transfer from another county, automatic restorations and restorations after discontinuance of one month for overpayment adjustment.
- C. CASES
- D. OBLIGATIONS INCURRED

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S-120

PUBLIC ASSISTANCE

Statistical

S-120 (Continued)

S-120

When to Report Actions:

Statistical counts listed below, except automatic restorations, are to be reported according to the month in which the board of supervisors takes the official action, not the month in which the action affects the payroll, unless these months are the same:

1. New applications and reapplications granted or denied
2. Requests for restoration granted (except automatic restorations) or denied
3. Restorations granted after case is discontinued for one month to adjust for an overpayment
4. Discontinuances.

Report automatic restorations when payment of aid is resumed (for definition see Sec. A-280 of the Manual of Policies and Procedures - OAS and Sec. B-651 of the Manual of Policies and Procedures - AB).

Discontinuances are to be reported when the board of supervisors takes action whether or not aid was paid for the current month and whether the discontinuance was effective in the current month or in a prior month. Exception: If discontinuance action is taken in the current month to be effective in a future month, report such discontinuance in the month in which the last warrant is paid.

Note: Intercounty transfers, automatic restorations and restorations after discontinuance of one month to adjust for overpayment are to be reported only in Part C.

Board of Supervisors

The term "board of supervisors" shall be construed to include the duly authorized agent of the board of supervisors.

Definition of "Current Month" and "Last Month"

The calendar month on which the county is reporting statistically will be referred to as the "current month." The month immediately prior to the "current" month will be referred to as "last month."

(Waic 115, 116)

CONTINUATION SHEET
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Statistical

PUBLIC ASSISTANCE

S-122

S-122 PART A - REQUESTS FOR AID, FORMS AG, BL, APSB 237

S-122

This part includes all requests for OAS, ANB, or APSB, except requests for restoration and requests for transfer from another county, whether made orally (in person or by telephone) or in writing, if it is clear that the request is for the program covered by the report, even though the individual may not know the title of the program. Requests for information only are not to be reported as requests for aid. Count only one request if two or more requests are made during the month by the same individual.

If the request is made and the application signed during the first contact with the individual, or during the same month, it shall be reported in Part A, as a request, as well as in Part B, as an application signed. (Note that Part A excludes requests for restoration of aid and requests for transfer of aid from another county.)

- Item 1. Pending from Last Month - Enter the number of requests for aid brought forward from last month. If Item 5 of last month's report was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.
- Item 2. Received During Month - Enter the number of requests for aid received during the current month. Exclude requests for restoration and requests for intercounty transfer of aid.
- Item 3. Total - Enter the sum of Items 1 and 2.
- Item 4. Disposed of During Month - Enter the sum of Items 4a and 4b.
- Item 4a. Applications Signed - Enter the number of applications signed (except for transfer from another county) during the current month. This is the same as Item 7, Column 1.
- Item 4b. Requests Withdrawn or Canceled (Application not signed) - Enter the number of requests that were withdrawn or canceled during the current month. If no action on the request is taken by the end of the calendar month following that in which the request was received, report the request as canceled.
- Item 5. Pending at End of Month - Enter the number of requests for aid which have not been disposed of and which are still awaiting action at the end of the current month.

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

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PUBLIC ASSISTANCE

Statistical

S-124 PART B - APPLICATIONS AND REQUESTS FOR RESTORATION, FORMS AG, BL, S-124
 APSB 237

This section is designed to report the movement of applications and requests for restoration. Separate columns are provided for segregating new applications and reapplications (Column 1) from requests for restoration (Column 2). Exclude automatic restorations and restorations after discontinuance of one month to adjust for overpayment.

An application erroneously denied in a prior month shall be included in the current month count as an adjustment in Item 6 and as an application granted under Item 9a. An explanation of the reason for the adjustment shall be shown in a footnote.

Item 6. Pending from Last Month - Enter the number of applications and requests for restoration previously received which had not been disposed of, i.e., granted, denied, withdrawn, or canceled, by the end of last month. If Item 10 of last month's report was in error, or a revision is necessary for some other reason, the correct figure shall be shown in Item 6 and an explanation of the correction shall be made in a footnote.

Item 7. Received During Month

Column 1. Applications - Enter the number of applications (Forms Ag, Bl 200 or Ag 200B) which were signed during the current month. To avoid duplication, exclude OAS applications (Form Ag 200) subsequently signed by applicant if Form Ag 200B has already been included in the application count. Exclude applications for transfer of aid from another county. Item 7 must agree with Item 4a.

Column 2. Requests for Restoration - Enter the number of requests for restoration received by the welfare department during the current month. Exclude restorations on which no written request is required, i.e., automatic restorations and restorations after discontinuance of one month to adjust for overpayment.

Item 8. Total - Enter the sum of Items 6 and 7.

Item 9. Disposed of During the Month - Enter the total of Items 9a, 9b, and 9c.

Item 9a. Granted - Enter the number of applications (both new and reapplications) and requests for restoration granted during the current month regardless of the beginning date of aid. Item 9a, Column 1, must equal the sum of Items 12a and 12b. Item 9a, Column 2, must equal Item 12c.

Item 9b. Denied - Enter the number of applications and requests for restoration denied during the current month.

Item 9c. Withdrawn or Canceled - Enter the number of applications and requests for restoration withdrawn by the applicant during the current month or canceled because the individuals have died. Applications and requests for restoration withdrawn by the applicant on which the county takes denial action are to be reported in Item 9b.

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S-124 (Continued)

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- Item 10. Pending at End of Month - Enter the number of pending applications (Column 1) and requests for restoration (Column 2), including those signed in the current month, which had not been disposed of (i.e., granted, denied, withdrawn, or canceled) by the end of the month. This item is the sum of Items 10a, 10b, 10c, and 10d and is also equal to Item 8 minus Item 9.
- Item 10a. Signed in Current Month - Enter the number of applications and requests for restoration signed in the current month that were pending at the end of the month. This item will be either equal to, or less than, the entry in Item 7.
- Item 10b. Signed last month - 1st to 15th inclusive. (The sum of these two items (cannot exceed the entry in
- Item 10c. Signed last month - 16th to end of month. (Item 10a on last month's (report.
- Item 10d. Signed prior to last month - The entry in this item cannot exceed the sum of the entries in Items 10b, 10c, and 10d on last month's report.
(W&IC 115, 116)

S-126 PART C - CASES, FORMS AG, BL, APSB 237

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This part is designed for reporting cases that have been granted by action of the board of supervisors and are either continuing cases or cases discontinued by action of the board of supervisors during the current month.

- Item 11. Brought Forward from Last Month - Enter the number of active cases brought forward from last month. This entry should agree with Item 15 of last month's report. If Item 15 of last month's report was in error, the correct figure shall be shown in Item 11 and an explanation of the difference shall be made in a footnote. A case erroneously discontinued in a prior month shall be included in the current month count as an adjustment in this item.
- Item 12. Granted During Month - Enter the sum of Items 12a through 12e (12a through 12f on Forms Bl, APSB 237).
- Item 12a. New Applications - Enter the number of new applications granted during the current month regardless of effective date, i.e., the beginning date of aid. Include reapplications granted for persons whose previous applications were withdrawn or denied. Exclude applications for transfer of aid from another county.

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S-126 (Continued)

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- Item 12b. Reapplications - Enter the number of reapplications granted during the current month, regardless of the effective date. Include only reapplications granted for individuals who previously received this aid and were discontinued 12 months or more ago. Reapplications granted for individuals whose only previous applications were denied or withdrawn are to be reported as "new" applications granted (Item 12a).
- Item 12c. Restorations - Written Request - Enter the number of written requests for restoration granted during the current month, regardless of effective date. (Restoration is reinstatement of a case within 12 months after discontinuance.) Exclude "automatic" restorations and restorations after discontinuance of one month for overpayment adjustment; report such restorations in Item 12d.
- Item 12d. Restorations - Written Request Not Required - Enter the number of restorations granted on which no written request for restoration is required, i.e., "automatic" restorations following discontinuance because of hospitalization and restorations after one month discontinuance to adjust for overpayment. (For definitions of automatic restoration, see Sec. A-280, Manual of Policies and Procedures - OAS and Sec. B-651, Manual of Policies and Procedures - AB.)
- Item 12e. Transfers from Another County - Enter the number of transfers from another county granted during the month.
- Item 12f. (Forms B1 and APSB 237) Transfers from APSB (ANB) - Enter the number of transfers from the other blind program granted during the month.
- Item 13. Total Cases - Enter the sum of Items 11 and 12. This item is also the sum of Items 13a and 13b. This count includes all continuing cases, all cases added during the current month in Item 12, and all cases reported as discontinued in Item 14. It will include all cases that received aid for the current month as well as cases that did not receive aid because the warrants were canceled or were not written.
- Item 13a. Received OAS (ANB, APSB) - Enter the number of persons who, during the current month, received warrants for the current month or whose warrants for the current month were held. Exclude persons who did not receive assistance because their warrants for the current month were canceled or were not written. Do not report an individual in this count unless the amount of the grant for the current month is also included in Item 16.

Note: The average grant per person may be computed by dividing the amount in Item 16 by the number of recipients reported in Item 13a. The average grant thus computed will not exceed the statutory maximum if entries in Items 13a and 16 are correct.

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S-126 (Continued)

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Item 13b. Did Not Receive OAS (ANB, APSB) - Enter the number of active cases which did not receive assistance for the current month because the warrants were canceled or not written. Entries in this item, for example, include the following types of cases:

1. New applications, reapplications, restorations, and transfers from another county granted this month, effective in a future month. New applications and reapplications, except in rare instances, are effective the first of the month in which aid was granted or earlier, and would therefore be included in Item 13a. However, include in this item cases granted so late in the current month that warrants authorized for the current month are not issued until next month.
2. Cases discontinued this month, effective the last day of the preceding month or earlier.

Note: The entry in Item 13b should be an actual count of cases.

Item 14. Discontinued During Month - Enter the total number of cases on which action to discontinue aid was taken during the current month, whether or not aid was paid for the current month and whether the discontinuance was effective in the current month or in a prior month. Exception: If discontinuance action is taken in the current month to be effective in a future month, report such discontinuance in the month in which the last warrant is paid. On Forms B1 and APSB 237 the entry in this item will equal the sum of Items 14a, 14b, 14c and 14d. On Form Ag 237 the entry in this item will agree with the total number of discontinuances reported on Form Ag 253, Monthly Report on Reasons for Discontinuance of OAS.

Item 14a. (Forms B1 and APSB 237) Transfers to Another County - Enter the number of cases transferred to other counties. Report such cases for the month in which the board of supervisors took action discontinuing aid.

Item 14b. (Forms B1 and APSB 237) Transfers to APSB (ANB) - Enter the number of transfers to the other blind program which were granted during the month.

Item 14c. (Forms B1 and APSB 237) Discontinued Because of Death - Enter the number of cases discontinued because of death of the recipient.

Item 14d. (Forms B1 and APSB 237) All Other Discontinuances - Enter the number of discontinuances for reasons other than transfer or death.

Item 15. Continued to Next Month - Enter the number of cases which are being carried forward to next month. Note that even though a case may have received a warrant this month, it is not to be carried forward to next month if it has been discontinued this month. Item 15 must equal Item 13 minus Item 14.

(W&IC 115, 116)

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S-130 INTRODUCTION - MONTHLY STATISTICAL REPORTS ON
AID TO NEEDY CHILDREN, FORMS CA-237-FG and CA 237-BHI

S-130

Two separate forms are provided for reporting ANC as follows:

1. Form CA 237-FG -- Aid to Needy Children - Family Groups. Report on this form activity in connection with the application process and payment of ANC to children living in their own homes or with relatives, i.e., in family groups, regardless of the children's eligibility for federal participation. These children meet the requirements for claiming on the Aid to Needy Children Payroll (Form CA 801).
2. Form CA 237-BHI -- Aid to Needy Children - BHI. Report on this form activity in connection with the application process and payment of ANC to children who are living in boarding homes or institutions, i.e., whose living arrangements meet the requirements for claiming on the Aid to Needy Children Payroll for Children in Boarding Homes and Institutions (Form CA 801 - BHI).

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Statistical

PUBLIC ASSISTANCE

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S-130 (Continued)

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Unit of Count

Form CA 237-FG -- In this report the unit of count is the family group in all items of Part A, Part B, and Column 1 of Part C. In these items report only those actions that affect the status of the entire family group. The unit of count is the individual child for all items in Column 2, Part C.

A family group, for the purposes of this report, consists of a family budget unit. Brothers and sisters living with different relatives or legal guardians are to be reported as separate family groups.

Form CA 237-BHI -- In this report the unit of count for all items in Parts A, B, and C is the individual child.

Organization of ANC Reports

Each report is divided into four parts as follows:

- A. Requests for Aid (Sec. S-132).
- B. Applications and Requests for Restoration (Sec. S-134).
- C. Cases (Sec. S-136).
- D. Obligations Incurred (Sec. S-138).

(For detailed instructions on counts to be included in each part see the manual sections referred to above.)

Within each part, except Part D, items provide for reporting the workload brought forward from the preceding month, the workload added during the current month, disposition of workload during the current month and the remainder that will be carried forward to next month. In Parts A and B one item under disposition represents the segment of the workload that is moving into the next part of the report and it must agree with the designated item, or items, in the next part, e.g., Items 4a and 7 (Col. 1).

Items designated by numbers add or subtract downward, e.g., Item 1 plus 2 equals Item 3, and Item 3 minus Item 4 equals Item 5.

Items designated by letters of the alphabet always add upward to a total and each of the lettered items represents a breakdown of the total count in the numbered item immediately above. For example, Item 9 gives the total number of applications disposed of during the month and a, b, and c under Item 9 give counts to show how many of these were granted (a), denied (b), or withdrawn (c).

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PUBLIC ASSISTANCE

Statistical

S-130 (Continued)

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When to Report Actions

Statistical counts listed below are to be reported according to the month in which the county board of supervisors, or its agent, takes the official action, not the month in which the action affects the payroll, unless these months are the same:

1. New applications and reapplications granted or denied.
2. Requests for restoration granted or denied.
3. Restorations granted after case is discontinued for one month to adjust for an overpayment.
4. Discontinuances.

Exception: If discontinuance action is taken in the current month to be effective in a future month, report such discontinuance in the month in which the last warrant is paid. For example, a child who will reach his 18th birthday in October is discontinued by official action in September, effective October 31; the discontinuance is reported in October.

Board of Supervisors

In these instructions the term "board of supervisors" shall be construed to include the duly authorized agent of the board of supervisors.

Definition of Current Month and Last Month

The calendar month on which the county is reporting statistically will be referred to as the "current month." The month immediately prior to the current month will be referred to as "last month."

Transfers Between ANC-FG (Form CA 237-FG) and ANC-BHI (Form CA 237-BHI)

On each of the two ANC reports provision is made for transferring cases from one report to the other at two different points, as follows:

1. Application (Part B) - To accomodate changes in living arrangement between the date the application or request for restoration is signed and the date ANC is granted, or to correct for errors in the original determination, two items (Items 6b and 6c) are provided in Part B for transferring the child (children) from one report to the other. While it is sometimes difficult to determine at the point the application or request for restoration is signed whether the child (children) will be living in a boarding home or institution or in a family group, every effort should be made to make an accurate determination in order to keep entries in these items to a minimum.
2. Active ANC cases (Part C) - ANC cases receiving ANC in one type of living arrangement may be moved to another type of living arrangement, requiring the transfer of the case, or part of the case, from one ANC report to the other. Such transfers are to be reported in Items 12e and 14a and are not to be confused with transfers occurring before the receipt of ANC (see "1" above).
(WAC 115, 116)

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Statistical

PUBLIC ASSISTANCE

S-132

S-132 PART A - REQUESTS FOR AID, FORMS CA 237-FG AND CA 237-BHI**S-132**

This part includes all requests for aid, except as qualified below for each report, whether made orally (in person or by telephone) or in writing, if it is clear that the request is for ANC, even though the individual may not know the title of the program. Requests for information only are not to be reported as requests for ANC. Count only one request if two or more requests are made during the current month for the same child or group of children.

Requests for aid are to be reported as follows:

Form CA 237-FG. Count the request for aid for each family group that has never previously received ANC or which is requesting ANC after having been discontinued for at least 12 months. Exclude requests for restoration and requests for transfer of ANC from another county. Also exclude requests for ANC for an additional child (children), i.e., other members of the same family group are receiving ANC or an application for other members of the family group is in process.

Form CA 237-BHI. Include all requests for aid for children in boarding homes or institutions except requests for restoration and requests for transfer of ANC from another county. Count each child as a separate request and include requests for additional children. Exclude requests for children currently receiving ANC in a family group for whom a change in living arrangement has occurred or is anticipated, i.e., from a family group to a boarding home or institution.

If the request is made and the ANC application signed during the first contact with the applicant for the children, or during the same month, it shall be reported in Part A, as a request, as well as in Part B, as an application signed.

Note: It is possible that a request for ANC will be counted during the same month as a request for General Relief (Item 1, Form GR 237) either because the family is ineligible for ANC or because assistance from General Relief funds is necessary pending approval of ANC.

- Item 1. Pending from Last Month - Enter the number of requests for ANC brought forward from last month. If Item 5 of last month's report was in error, the correct figure shall be shown in Item 1 and an explanation of the correction shall be made in a footnote.
- Item 2. Received During Month - Enter the number of requests for ANC received during the current month. Exclude requests for restoration, requests for intercounty transfer, and active ANC cases (families and/or children) being transferred from boarding homes and institutions to family groups and vice versa.

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Statistical

S-132 (Continued)

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Item 3. Total - Enter the sum of Items 1 and 2.

Item 4. Disposed of During Month - Enter the sum of Items 4a and 4b.

Item 4a. Applications Signed - Enter the number of children living in boarding homes or institutions (Form CA 237-BHI) for whom applications for ANC were signed during the current month; and the number of families (Form CA 237-FG) for whom applications for ANC were signed during the current month. Exclude applications signed to effect the transfer of ANC from another county from both Form CA 237-FG and Form CA 237-BHI. Exclude applications for additional children from Form CA 237-FG.

Item 4b. Requests Withdrawn or Canceled (Applications not signed) - Enter the number of requests that were withdrawn or canceled during the **current** month. If no action on the request is taken by the end of the calendar month following that in which the request was received, report the request as canceled.

Item 5. Pending at End of Month - Enter the number of requests for aid which have not been disposed of and which are still awaiting action at the end of the current month.

(W&IC 115, 116)

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S-134

**S-134 PART B - APPLICATIONS AND REQUESTS FOR RESTORATION
 FORMS CA 237-FG AND CA 237-BH1**

S-134

This section is designed to report the movement of applications and requests for restoration.

Column 1, Applications: Report new applications and reapplications, excluding applications for transfer of active ANC cases from another county.

Column 2, Requests for Restoration: Report all requests for restoration received by the county except as noted below for Form CA 237-FG. Exclude restorations granted after discontinuance of one month to adjust for an overpayment.

On Form CA 237-FG, report only applications or requests for restoration for an entire family group, i.e., excluding those for an additional child (children) if other members of the family group are receiving ANC or an application or restoration is in process.

Applications or requests for restoration erroneously denied in a prior month shall be included in the current month count as an adjustment in Item 6 and as granted in Item 9a.

Item 6. Brought Forward from Last Month - Compute this figure by adding the entries in Items 6a and 6b and subtracting Item 6c from the resulting figure, i.e., Item 6a plus Item 6b minus Item 6c.

Item 6a. Item 10 Last Month or Explain - Enter the number of applications (Column 1) or requests for restoration (Column 2) previously received which had not been disposed of by the end of last month.

If Item 10 of last month's report was in error, the correct figure shall be shown in Item 6a, and an explanation of the correction shall be made in a footnote.

Item 6b. Transfers from ANC-BHI (ANC-FG), Part B.

On each report use this item for entering the number of applications or requests for restoration that are being transferred from Part B of the other ANC statistical report. Exclude ANC cases that have been receiving ANC in one living arrangement, e.g., boarding home, and are now being moved to the other type, e.g., family group.

Item 6c. Transfers to ANC-BHI (ANC-FG), Part B.

On each report use this item for entering the number of applications or requests for restoration that are being transferred to Part B of the other ANC statistical report. Exclude ANC cases that have been receiving ANC in one living arrangement, e.g., family group, and are now being moved to the other type, e.g., boarding home.

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Item 7. Received During Month - Enter the number of applications or requests for restoration for ANC received during the current month. In Column 1 this entry must agree with Item 4a.

In family groups, if an application or request for restoration was received for a group of children but the children were placed in two or more family budget units by the time aid was granted, show the additional family unit(s) in the report for the month in which ANC is granted, as an inventory adjustment in Item 6a.

Item 8. Total - Enter the sum of Items 6 and 7.

Item 9. Disposed of During Month - Enter the sum of Items 9a, 9b, and 9c.

Item 9a. Granted - Enter the number of applications (Column 1) and requests for restoration (Column 2) which were granted during the current month regardless of the beginning date of ANC. The entry in Column 1 must equal the sum of Items 12a and 12b; the entry in Column 2 must equal Item 12c.

Item 9b. Denied - Enter the number of applications (Column 1) and requests for restoration (Column 2) which were denied during the current month.

Item 9c. Withdrawn - Enter the number of applications (Column 1) and requests for restoration (Column 2) which were withdrawn by the applicant during the current month. If the application or request for restoration is withdrawn but the county takes denial action, the case is to be reported in Item 9b, Denied.

Item 10. Pending at End of Month - Enter the number of pending applications (Column 1) and pending requests for restoration (Column 2), including those received in the current month, which had not been disposed of (granted, denied, or withdrawn) by the end of the current calendar month. This item is the sum of Items 10a, 10b, 10c, and 10d and is also equal to Item 8 minus Item 9.

Item 10a. Signed in Current Month - Enter the number of applications (Column 1) and requests for restoration (Column 2) that were signed in the current month and were still pending at the end of the month. The entry in this item must be equal to, or less than, the entry in Item 7 for this month.

Item 10b. Signed last month - 1st to 15th inclusive. (The sum of the entries (in these two items

Item 10c. Signed last month - 16th to end of month. (must not exceed the entry (in Item 10a on last (month's report.

Item 10d. Signed prior to last month - The entry in this item must not exceed the sum of the entries in Items 10b, 10c, and 10d on last month's report.

(W&IC 115, 116)

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S-136 PART C - CASES, FORMS CA 237-FG AND CA 237-BHI

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This part is designed for reporting on ANC cases that have been granted by action of the board of supervisors and are either continuing cases or were discontinued by action of the board of supervisors during the current month.

Item 11. Brought Forward from Last Month - Enter the number of active cases (families and/or children) brought forward from last month. This item should agree with Item 15 for last month. If Item 15 was in error or other revisions are necessary, show the correct figure and explain the reason for the correction in a footnote.

For Col. 1, Form CA 237-FG only, make an adjustment in this item as follows:

1. To decrease the family case count if two or more family budget units receiving ANC are combined into one.
2. To increase the family case count if children receiving ANC in one family budget unit are split into two or more family budget units.

Item 12. Granted During Month - Enter the total number of families (Column 1, Form CA 237-FG) and children (Form CA 237-FG, Column 2, and Form CA 237-BHI) for whom aid was granted during the current month. This will be the sum of Items 12a through 12f.

Item 12a. New Applications - Enter the number of new applications granted during the current month, regardless of the effective date, i.e., the beginning date of ANC. Include reapplications granted for cases whose previous applications were denied or withdrawn.

Item 12b. Reapplications - Enter the number of reapplications granted during the current month, regardless of the effective date. Include only reapplications granted for families and/or children who previously received this aid and were discontinued 12 months or more ago. Reapplications granted for families and/or children whose only previous applications were denied or withdrawn are to be reported as "new" applications granted (Item 12a).

Item 12c. Restorations - Written Request - Enter the number of written requests for restoration granted during the current month, regardless of the effective date. (Restoration is reinstatement of a case within 12 months after discontinuance.) Exclude restorations granted after discontinuance of one month to adjust for an overpayment. On Form CA 237-FG, Column 1, this item must agree with Item 9a, Column 2; on Form CA 237-BHI this item must agree with Item 9a, Column 2.

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- Item 12d. Restorations - Overpayment Adjustment - Enter the number of restorations granted after one month's discontinuance to adjust for an overpayment.
- Item 12e. Transfer from ANC-BHI (Form CA 237-FG) or from ANC-FG (Form CA 237-BHI) - Enter the number of families and/or children receiving ANC for whom there was a change in living arrangements involving transfer from a boarding home and institution to a family group and the reverse.
- Item 12f. Transfers from Another County - Enter the number of transfers from another county granted during the month. Count the case in the month in which the board of supervisors took official action granting aid not the month in which the action is effective unless these months are the same.
- Item 13. Total Cases - Enter the sum of Items 11 and 12. This item is also the sum of Items 13a and 13b. This count includes all continuing cases, all cases added during the current month in Item 12, and all cases reported as discontinued in Item 14. It will include all cases that received ANC for the current month as well as cases that did not receive ANC because the warrants were canceled or were not written.

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Item 13a. Received ANC - Enter the number of family budget units in Col. 1 of Form CA 237-FG and the number of children on each report who, during the current month, received ANC for the current month or whose warrants for the current month were held. Exclude families and children who did not receive aid because their warrants for the current month were canceled or were not written. Enter in the blank space provided on Form CA 237-BHI the number of children who received ANC who were living in institutions for all or part of the month. Do not report a family group or children in this item unless the amount of aid is also included in Item 16.

Note: The average grants in ANC may be computed as follows:
 Per family (Form CA 237-FG) - Divide Item 16 by Item 13a, Column 1.
 Per child (Form CA 237-FG) - Divide Item 16 by Item 13a, Column 2.
 Per child (Form CA 237-BHI) - Divide Item 16 by Item 13a.

Item 13a.(1) (Form CA 237-FG) Family Budget Units with Adult(s) -
 On Form CA 237-FG only, enter the number of family budget units in which the needs of one or more adults were included in the budget. This count will not necessarily agree with the number of needy eligible relatives, and may be equal to it or greater, but never less.

Section Continued on Next Page)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
 FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE
 (Pursuant to Government Code Section 11380.1)

S-136

PUBLIC ASSISTANCE

Statistical

S-136 (Continued)

S-136

Item 13b. Did Not Receive ANC - Enter the number of active cases which did not receive ANC for the current month because the warrants were canceled or not written. Entries in this item, for example, include the following types of cases:

1. Restorations and transfers from another county approved this month, effective in a future month. New applications and re-applications, except in rare instances, are effective the first of the month in which aid is approved or earlier, and would therefore be included in Item 13a. However, include in this item cases granted so late in the current month that warrants authorized for the current month are not issued until next month.
2. Cases discontinued this month, effective the last day of the preceding month or earlier.

Item 14. Discontinued During Month - Enter the total number of cases on which action to discontinue aid was taken during the current month whether or not aid was paid for the current month and whether the discontinuance was effective in the current month or in a prior month. Exception: If discontinuance action is taken in a current month to be effective in a future month, report such discontinuance in the month in which the last warrant is paid. The entry in this item must equal the sum of Items 14a and 14b. The entry in Column 1 (Form CA 237-FG) for this item, must agree with the total number of discontinuances reported on Form CA 253-FG, Reasons for Discontinuance of ANC.

(Section Continued on Next Page)

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

S-136 (Continued)

S-136

- Item 14a. Transfers to ANC-BHI (Form CA 237-FG) or Transfers to ANC-FG (Form CA 237-BHI) - Enter the number of families (Form CA 237-FG) and children (Form CA 237-BHI) already eligible and receiving ANC, for whom there was a change in living arrangement during the month involving a transfer from a family group to a boarding home or institution (Columns 1 and 2, Form CA 237-FG) and the reverse (Form CA 237-BHI).
- Item 14b. All Other Reasons - Enter the number of other discontinuances on which action was taken to discontinue aid during the current month, regardless of the effective date of the discontinuance. In Column 1, Form CA 237-FG, do not report the family as discontinued if any of the children in the family budget unit will continue to receive ANC; report partial discontinuances of a family budget unit in Column 2 only.
- Item 15. Continued to Next Month - Enter the number of families (Form CA 237-FG) and children (Form CA 237-BHI) which are being carried forward to next month. Note that even though a case may have received a warrant this month, it is not to be carried forward to next month if it has been discontinued this month. Item 15 must equal Item 13 minus Item 14.

(W&IC 115, 116)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

073-00 ESTABLISHMENT OF ELIGIBLE LISTS

073-00

WPS

After each examination, the examining agency shall prepare an eligible list of persons who qualified. Names of such persons shall be placed on the eligible list in the order of their final ratings starting with the highest. The examining agency may combine eligible lists for a given class on the basis of the final ratings of the eligibles. If two or more eligibles have final ratings which are identical, their names shall be arranged on the eligible list in the order of their ratings on the chief essential of the examination.

Lists shall be established, wherever possible, on a state-wide basis. The examining agency shall establish as a sub-division of the state-wide lists, county eligible lists containing all names of eligibles who reside within a given county.

If an individual changes his residence from one county to another after the state-wide eligible list has been established, he may have his name placed on the county eligible list for the county of his new residence. The name of one individual shall not appear on more than one county eligible list at the same time for any one or several classifications of employment.

In order to meet local recruitment conditions, the examining agency may give area examinations. Applications for such examinations shall not be restricted by residence. However, eligibility resulting from this type of examination is limited to the geographical area within the state specified in the examination announcement for that particular examination, with the following exception:

In the event a county exhausts the employment list for a given class, transfer of the eligibility of a candidate may be made from an area eligible list in one locality to an area eligible list for the same class in a different locality, under the following conditions:

1. Written request for the transfer of such eligibility is received by the SDSW from the eligible and from the appointing power of the county to which transfer of eligibility is requested.
2. The name of the eligible concerned is within certifiable distance on the original area list.
3. The transferred name is placed after any remaining names on the incomplete area list to which transfer of eligibility is made.

The examining agency may combine area eligible lists for the same class for the same area on the basis of the final ratings of the eligibles.

If a vacancy exists in a class of position for which there is no appropriate eligible list, the examining agency may prepare an appropriate eligible list for the class from one or more existing related eligible lists. However, waiver of certification from such related lists does not affect the standing of the eligible on the original list for the class for which he was examined.

(W&IC 119.5, 119.6; FSA)

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

The Chapter "Social Data Record Card" (Secs. 285-00 - 289-99, inclusive)
is repealed.

DO NOT WRITE IN THIS SPACE

WY 10 115, 116

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

CHARLES I. SCHOTTLAND
DIRECTOR

GOODWIN J. KNIGH
GOVERNOR

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
July 29, 1954

DEPARTMENT BULLETIN NO. 493A (ANC)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
LOS ANGELES JUVENILE COURT
SAN FRANCISCO PROBATION DEPARTMENT

Subject: Requests to Bureau of Old Age
and Survivors Insurance for
Addresses of Employers of
Absent Parents

The following instructions amend Department Bulletin No. 493 relative to the preparation of Form CA 256, Request to Old Age and Survivors Insurance Field Office for Information.

In the future it is necessary to prepare only three copies of this form, instead of four copies. The original shall be submitted by the county welfare department to the nearest Old Age and Survivors Insurance Field Office, one copy to the area office of the State Department of Social Welfare, and one copy to be retained by the county welfare department for control purposes.

Very truly yours,

Charles I. Schottland

Charles I. Schottland
Director

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

28 IC 115,116

CHARLES I. SCHOTTLAND
DIRECTOR

GOODWIN J. KNIGHT
GOVERNOR

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14

July 9, 1954

DEPARTMENT BULLETIN NO. 504 (STAT)

TO: COUNTY WELFARE DIRECTORS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Sample Census of Aid to Needy
Children Absent Parents

The State Department of Social Welfare is conducting a sample census of Aid to Needy Children absent parents to secure necessary information on the extent and nature of the absent parent problem in each county, for use by the Legislature, the department, and the counties.

As presented for discussion at the June State/County meeting, this study was scheduled to be done in August. Because it appeared likely that county staffs would be busy with OASI changes during August and September, county representatives suggested that July would be a more convenient time for the study. Although the deadline for submission of schedules remains September 1, it is assumed that most counties will complete their review and reports in July and submit their reports in July or early August.

Counties shall review all Aid to Needy Children family cases receiving aid as of July 1, 1954, which have case number endings specified in the attached list. For each parent living out of the home, the required information shall be reported on Form Temp 364 in accordance with the "Instructions for Completion of Form Temp 364 Sample Census of Aid to Needy Children Absent Parents."

A supply of schedules and instructions will be sent to each county.

Counties with from 200 to 4,000 family cases will review approximately 135 cases, which should yield the names of approximately 100 absent parents. Counties with less than 200 family cases will review all of their cases. Counties with more than 4,000 family cases will review approximately 5% of their cases.

The completed schedules together with a Summary Sheet, showing number of cases reviewed and number of cases scheduled, shall be sent to the Bureau of Research and Statistics, State Department of Social Welfare, 616 K Street, Sacramento, by September 1, 1954.

Questions regarding the study or requests for schedules should be directed to the Bureau of Research and Statistics.

The provisions of this bulletin shall remain in effect until December 31, 1954.

Very truly yours,

Charles I. Schottland
CHARLES I. SCHOTTLAND
Director

Attachment

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CONTINUATION SHEET
**FOR FILING ADMINISTRATIVE REGULATIONS
 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

Sample Census of Aid to Needy Children Absent Parents, July 1954

STATE CASE NUMBER ENDINGS TO BE USED IN **SELECTING** SAMPLE CASES FOR REVIEW.
 (Make No Substitutions)

<u>County</u>	<u>State Case Number Endings</u>
Alameda	05, 25, 45, 65, 85.
Alpine	All Cases.
Amador	All Cases.
Butte	3, 5; also 01, 21, 41, 61, 81.
Calaveras	All Cases.
Colusa	All Cases.
Contra Costa	05, 15, 25, 45, 65, 85.
Del Norte	All Cases.
El Dorado	All Cases.
Fresno	05, 25, 45, 65, 85.
Glenn	All Cases.
Humboldt	3, 5; also 01, 11, 21, 31, 41, 51, 61, 81.
Imperial	1, 3, 5; also 07, 27, 47, 67, 87.
Inyo	All Cases.
Kern	05, 15, 25, 35, 45, 55, 65, 85.
Kings	1, 3, 5; also 07, 27, 47, 67, 87.
Lake	All Cases.
Lassen	All Cases.
Los Angeles	05, 25, 45, 65, 85.
Madera	3, 5; also 01, 21, 41, 61, 81.
Marin	1, 3, 5, 7, 9; also 02, 22, 42.
Mariposa	All Cases.
Mendocino	1, 2, 3, 5, 7, 9; also 04, 24, 44.
Merced	1, 3, 5.
Modoc	All Cases.
Mono	All Cases.
Monterey	1, 3, 5, 7; also 09, 29, 49.
Napa	1, 2, 3, 5, 7, 9; also 04, 24, 44, 64, 84.
Nevada	All Cases.
Orange	1, 3, 5.
Placer	1, 3, 5, 7, 9; also 02, 22, 42, 62, 82.
Plumas	All Cases.
Riverside	5; also 03, 13, 23, 43, 63, 83.
Sacramento	05, 15, 25, 45, 65, 85.
San Benito	All Cases.
San Bernardino	05, 15, 25, 35, 45, 55, 65, 85.
San Diego	05, 25, 45, 65, 85.
San Francisco	05, 15, 25, 45, 65, 85.
San Joaquin	5.
San Luis Obispo	1, 3, 5.
San Mateo	3, 5; also 01, 21, 41.
Santa Barbara	1, 3, 5.
Santa Clara	05, 15, 25, 35, 45, 65, 85.
Santa Cruz	1, 3, 5, 7; also 09, 29, 49, 69, 89.
Shasta	1, 3, 5, 7, 9.
Sierra	All Cases.
Siskiyou	All Cases.
Solano	3, 5; also 01, 21, 41, 61, 81.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

<u>County</u>	<u>State Case Number Endings</u>
Stanislaus	5; also 03, 23, 43, 63, 83.
Sutter	1, 2, 3, 5, 7, 9; also 04, 24, 44.
Tehama	All Cases.
Trinity	All Cases.
Tulare	5.
Tuolumne	All Cases.
Ventura	3, 5.
Yolo	1, 3, 5, 7; also 09, 29, 49, 69, 89.
Yuba	1, 3, 5, 7, 9; also 02, 22, 42, 62, 82.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

State of California

Department of Social Welfare

Sample Census of Aid to Needy Children Absent Parents—July 1954

COUNTY SUMMARY SHEET

To: Bureau of Research and Statistics
State Department of Social Welfare
616 "K" Street
Sacramento 14, California

From: _____ County

Attached are _____ copies of Form Tem 364 as required by Department Bulletin No. 504.

Total number of cases reviewed. _____

Total number of cases reported on Form(s) Temp 364. _____

Total number of copies (pages) of Form Tem 364 submitted. _____

By _____

Date _____

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

INSTRUCTIONS FOR COMPLETION OF FORM TEMP 364
SAMPLE CENSUS OF ANC ABSENT PARENTS

Cases to be included: All ANC family cases with specified case number endings (list attached) receiving aid as of July 1, 1954, will be reviewed. Entries on Form Temp 364 are required for all such cases having one or more parents living out of the home.

Schedule Identification (page number, worker, county, etc.):
Make required entries on each page. Note that the schedule is designed for reporting a number of cases on each page.

- A. State Number: Enter state case number.
- B. Case Name: Enter case name as carried by the county.

C THROUGH I:

COMPLETE INFORMATION ON THESE ITEMS FOR EACH ABSENT PARENT.

- C. Name of Absent Parent: Enter initials and last name of parent living out of the home. If case has more than one such parent, enter the name of each on a separate line.

In cases involving unmarried parents, enter the name of the person reported by the recipient to be the parent of the child, whether or not parentage has been legally established or acknowledged. If the name of the parent is not known, enter "unk."

- D. Father / Mother: Check appropriate column to indicate whether absent parent listed in C is father or mother.
- E. Number of Children of Absent Parent: Enter the number of children in the family budget unit belonging to each absent parent.
- F. Reason for Absence: Enter code number (from code list on Form Temp 364) which describes reason for absence according to latest available information. Note that this reason may differ from the one existing at time aid was granted or eligibility redetermined.

Divorce: Use this code (1) only if there is reasonable evidence that an interlocutory or final divorce decree has been obtained. If there is uncertainty on this point, code "separated" or "deserted."

Separated: Use this code (2) if there has been a legal separation or an informal separation by mutual consent.

Deserted: Code "desertion" (3) whenever the whereabouts of an absent parent is unknown. It is also applicable in other cases if one parent desires to maintain a home but the other parent refuses to do so.

Unmarried Parents Living Apart: Code "casual" (4) if the parents have never maintained a family relationship, or if the family relationship continued for less than 6 months. Otherwise code "family relationship" (5).

Annulled: Enter this code (6) if there has been an annulment.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

Deported or Excluded: Use this code (7) when a parent has been deported, or has left the country voluntarily and cannot re-enter legally.

Imprisoned: Use this code (8) when parent is confined in any kind of a correctional institution. This includes road camps, jails, prisons, etc.

Hospitalization: Use this code (9) if parent is hospitalized for either physical or mental illness.

Other: Use this code (X) if none of the specified reasons for absence from the home applies.

- G. Whereabouts: As with other items, code this item according to the latest available information.

Unknown: Self-explanatory; code "V."

County: Use this code (1) if absent parent currently resides in the reporting county.

California: Use this code (2) if absent parent currently is not living in the reporting county but is living elsewhere in California.

U. S.: Use this code (3) if absent parent currently is not living in California but is living elsewhere in the United States.

Foreign: Use this code (4) if absent parent currently is living in a foreign country.

- H. Contributing to Support: Check "Yes" column if cash contribution by the absent parent has been made in one or more of the months of April, May, and June 1954. Contributions may be paid to recipients, welfare department, district attorney, probation officer, or to some other person or agency. Check "No" column if no cash contribution was made in any of the three months specified.

- I. NOLEO* Applicable: Check "Yes" column if the absent parent a) is currently not contributing; and b) is not exempt from the notification requirement because it is definitely established that 1) he is unable to provide support, 2) he is currently contributing to the best of his ability, 3) the child is in process of adoption, or 4) legal action has failed to establish paternity.

If the absent parent is exempt from the notification requirement for one or more of the reasons specified check "No" column.

* Notification to Law Enforcement Officials.

Department of Social Welfare

SAMPLE CENSUS OF AID TO NEEDY CHILDREN

WORKER

A B S E N T P A R E N T S

COUNTY _____

DISTRICT _____

[illegible]

/1. Include all ANC parents living out of home.

2. Enter Code which corresponds to Reason For Absence:

13. Enter Code which corresponds to Whereabouts of absent parent:

<u>Reason For Absence</u>	<u>Code</u>	<u>Reason For Absence</u>	<u>Code</u>
Divorced	1	Annulled	6
Separated	2	Deported or Excluded	7
Deserted	3	Imprisoned	8
Unmarried-		Hospitalized	9
Casual	4	Other	X
Family relationship	5		

<u>Whereabouts</u>	<u>Code</u>
Unknown	V
County	1
California	2
U.S.A.	3
Foreign	4

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Wt 1C 115,116

CHARLES I. SCHOTTLAND
DIRECTOR

GOODWIN J. KNIGHT
VERMOR

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
July 14, 1954

DEPARTMENT BULLETIN NO. 504 - A (STAT)

TO: COUNTY WELFARE DIRECTORS
COUNTY BOARDS OF SUPERVISORS

Subject: Correction of Item I of
Instructions for Use of
Form Temp 364 (Sample Census of
Aid to Needy Children Absent
Parents)

Item I on Page 2 of the instructions for the completion of Form Temp 364,
attached to Department Bulletin No. 504, (Stat), should read as follows:

- I. NOLEO* Applicable: Check "Yes" column if the absent parent is subject
to the notification requirement.

Check "No" column if the absent parent is exempt from the notification
requirement.

The absent parent is exempt if it is definitely established that (1) he
is unable to provide support, (2) he is currently contributing to the
best of his ability, (3) the child is in process of adoption, or (4)
legal action has failed to establish paternity.

(In some instances "Yes" columns may be checked under both H and I.
Example: The parent is contributing \$5.00 monthly, but is not exempt
because it is not definitely established that this is the maximum he
is able to pay.)

*Notification to Law Enforcement Officials.

Please correct your attachment to Department Bulletin No. 504.

Very truly yours,

Charles I. Schottland
Charles I. Schottland
Director

DO NOT WRITE IN THIS SPACE

204 IC 115, 116

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

CHARLES I. SCHOTTLAND
DIRECTOR

GOODWIN J. KNIGHT
GOVERNOR

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
July 29, 1954

DEPARTMENT BULLETIN NO. 505 (STAT)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Special Sample Study of Aid to
Needy Blind and Aid to Partially
Self-supporting Blind Caseloads

Currently, the only statistical information available on the social and economic characteristics of recipients of ANB and APSB is derived from data reported on the Social Data Record Card at intake.

Intake data are not equivalent to caseload data, and have not been satisfactory for answering inquiries or preparing estimates on characteristics of Aid to the Blind caseloads. Accordingly, a sample study of ANB and APSB caseloads as of September 1954 is being undertaken. It is planned to collate these data with information from the medical reports on the nature and causes of the recipients' blindness.

The sample will include all cases with state numbers ending in "7" who are receiving ANB or APSB in September 1954. This will constitute a 10% sample. Form Bl 251, Social Data Record Card--Aid to the Blind, shall be used as the study schedule. A supply of this form for the special study will be furnished without charge to all counties.

Schedules shall be completed in accordance with the instructions in Manual Sections B-900 to B-999, with the following exceptions:

- (a) Under "Date of Approval" enter the latest date on which the county Board of Supervisors (or delegated agent) approved assistance for this recipient, whether new application, reapplication, restoration, or a transfer from another county. (Do not enter the date of the latest reinvestigation.)
- (b) Item 1, "Status of Case" should be checked only "3" or "6."
- (c) No entry is to be made in Item 16.

Completed copies of Form Bl 251, Social Data Record Card--Aid to the Blind, on the specified cases shall be submitted by all counties to the Bureau of Research and Statistics, SDSW, 616 K Street, Sacramento, by October 15, 1954.

The provisions of this bulletin shall remain in effect until December 31, 1954.

Very truly yours,

Charles I. Schottland

Charles I. Schottland
Director

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2 FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

SEP 1 1954

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.2)

SEP 1 1954

Division of Administrative Procedure
DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Social Welfare

(Agency)

Dated: August 30, 1954

By: C. J. Schottland

Director

(Title)

FILED

in the Office of the Secretary of State
of the State of California

SEP 1 - 1954

At 9 45 o'clock A.M.

FRANK M. JORDAN, Secretary of State

By: [Signature] Assistant Secretary of State

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C-225 DEFINITION OF DEPRIVATION OF PARENTAL SUPPORT OR CARE

C-225

The word "parent" means either the mother or the father, natural or adoptive, whether married or unmarried.

Deprivation of parental support or care is based on the status of the natural parents of the child, unless the child has been relinquished for adoption and the relinquishment filed with the SDSW.

A child who has been relinquished for adoption, and the relinquishment filed with the SDSW, is ineligible for ANC unless the licensed agency to which the child has been relinquished finds the child unplaceable for adoption.

Inasmuch as the legal adoption of a child is designed to effect a complete substitution for the natural parents, eligibility of an adopted child shall be based upon the death, incapacity, or absence of the adoptive parents and not on that of the natural parents.

The presence of a stepfather in the home does not affect deprivation of parental support or care but may disqualify a child on the basis of need. (See Sec. C-356, D, for responsibility of a stepfather.)

In a family where there are the natural father, the stepmother, and a child or children living together, there is not eligibility for ANC because of the death or absence of the natural mother. (See Sec. C-356, Responsibility of Relatives)

A child may be deprived of either support or care. The word "support" means financial provision for meeting the needs of the child. The word "care" means the natural affection, supervision, physical care, and guidance necessary to the health and normal growth of the child as a participating member of his community.

The requirement of deprivation of parental support or care shall be considered as an eligibility factor separate from need. Both need and deprivation of parental support or care shall be determined. The parent's death, incapacity, or absence from the home is presumed to deprive a child of parental support or care. A child could be deprived of parental support or care and, because of income, not be in need, or he could be needy but not deprived of parental support or care in accordance with this definition.

Example 1: A child whose parents are deceased but who has income from property sufficient to maintain him in a suitable foster home or with a relative is deprived of both parental support and care, but might not be in need for purposes of ANC. Should the income cease, however, and need be established, the child would qualify for ANC from the standpoint of deprivation of parental support or care even though there was no immediate causal connection between the current need and the death of the parent.

Example 2: A child who is a member of a normal family group and whose parents are unable to meet his needs, due to an emergency such as

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-225 (Continued)

C-225

disaster or widespread unemployment, would not be deprived of parental support or care in accordance with this definition. At no time is the ANC program intended to minimize the parent's responsibility for attending to the needs of his family.

The elapsed period or expected duration of deprivation has no bearing on the determination of eligibility except for continued absence of a parent from the home. (See Sec. C-240, Definition of Deprivation of Parental Support or Care by Reason of Continued Absence from the Home.)

When the deprivation no longer exists, the county shall help the members of the family plan to meet their needs before assistance is discontinued. However, financial assistance shall not be continued for more than three monthly payments during the period of adjustment after the deprivation ceases.

(W&IC 1560)

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-257 DEFINITION OF DEPRIVATION DUE TO RELINQUISHMENT FOR ADOPTION

C-257

A child shall be considered deprived of parental support or care if he has been relinquished for adoption to an adoption agency licensed by the SDSW, the relinquishment has been filed with the SDSW, and the adoption agency certifies in writing that it has found the child to be unplaceable for adoption.

Certification that a child has been found to be unplaceable for adoption by the adoption agency does not imply that that agency will discontinue its attempts to place the child for adoption.

(W&IC 1500)

C-258 DETERMINATION OF DEPRIVATION DUE TO RELINQUISHMENT FOR ADOPTION

C-258

The county shall determine that the child has been relinquished for adoption to an adoption agency licensed by the SDSW, that the relinquishment has been filed with the SDSW, and that the adoption agency certifies in writing that it has found, after diligent attempts to place the child, that the child is unplaceable for adoption.

The adoption agency's certification that these conditions are met is the only evidence required to establish eligibility for this factor. The written certification shall be filed in the case record.

(W&IC 1500, 1560)

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-356

C-356

B. RESPONSIBILITY OF PUTATIVE FATHER

If the father of the child is not married to the mother, he has the same responsibility for support as though there had been a marriage. The county shall obtain from the mother such information concerning the putative father as she is able to provide. Desirable information includes the name of the putative father, his whereabouts, his attitudes toward the mother's situation and the child, his attitudes toward supporting the child, whether paternity has been acknowledged or legally established, whether any financial settlement or arrangement has been made, his financial circumstances and responsibilities, etc. Where it is possible, the putative father shall be interviewed and his contribution determined in accordance with Sec. C-366. Aid shall not be denied or withheld because paternity is not established.

If the mother of the child is being counseled by the case worker or is otherwise exploring plans for the adoption of the child, but the child has not yet been relinquished for adoption no attempt to interview the putative father or secure support need be made. If the relinquished child has been found to be unplaceable for adoption, there need be no attempt to interview or secure support from the putative father. In both of these circumstances exception is made to the requirement for notification to the district attorney. However, in all other cases in which the father of the child is not married to the mother, the county shall meet the requirements for notification to the district attorney in accordance with Secs. C-470, C-473, and C-476.

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CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

C-473 DEFINITION OF CASES IN WHICH NOTIFICATION TO DISTRICT ATTORNEY
AND COOPERATION WITH LAW ENFORCEMENT OFFICERS IS APPLICABLE

C-473

A. All cases of parental non-support shall be reported to the district attorney except those cases in which:

1. It is definitely established that the parent is financially incapable of providing support.
2. It is definitely established that the parent is currently contributing to the best of his ability.
3. The child has been relinquished for adoption or the mother is exploring plans for adoption of the child.
4. Legal action has failed to establish paternity.

B. It may be definitely established that the absent parent is financially incapable of providing support or is currently contributing to the best of his ability if:

1. He is receiving public assistance.
2. He is in a mental or penal institution.
3. There has been no substantial change in his circumstances since a legal determination of his ability to support has been made.
4. The county has determined that his income and resources are so limited that he is unable to contribute. (See Sec. C-366)

If none of the above conditions exist, the county shall notify the district attorney even though paternity has not been acknowledged nor legally established or the children are wards of the court under W&IC 700 or 701. The county shall also notify the district attorney in those cases in which court orders for support are not in keeping with current circumstances of the absent parent or the absent parent is not contributing in accordance with the court order.

(W&IC 1552.4, 1560)

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SEP 30 1954

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

SEP 30 1954

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Social Welfare

(Agency)

Dated: September 30, 1954

By:

Edward E. Silveira

Acting Director

(Title)

FILED

in the Office of the Secretary of State
of the State of California

OCT 1 1954

4:15

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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September 30, 1954

DEPARTMENT BULLETIN NO. 506 (STAT)

TO: COUNTY WELFARE DIRECTORS
COUNTY BOARDS OF SUPERVISORS
COUNTY AUDITORS

Subject: Study of Aid to
Needy Children
Stepfather Cases

The State Department of Social Welfare is conducting a study of ANC Stepfather cases. The purpose of the study is to provide the Legislature, the department and the counties with information on the effect of recent changes in policy and legislation. The study will include a sample of cases active July 1, 1953; another sample of cases active July 1, 1954; and counts of applications denied or withdrawn because of stepfather's support (or liability to support) during one quarter in 1953 and one in 1954.

Counties shall complete study schedules on the following ANC stepfather cases:

- a. Approximately 300 cases active on July 1, 1953, to be identified by the State Department of Social Welfare.
- b. A similar sample of cases active on July 1, 1954; part of which will be identified by the State Department of Social Welfare, the remainder, consisting of stepfather cases with state numbers ending in 65 and 85, to be identified by the counties.

(Some of the cases will appear in both samples.)

The required information shall be reported on Form Temp 380 CA in accordance with "Instructions for Completion of Form Temp 380 CA, Study of ANC Stepfather Cases".

In addition, counties shall submit, on Form Temp 381 CA, counts of ANC applications which were denied or withdrawn because of stepfather's support (or liability to support) during the periods April through June 1953, and April through June 1954.

A supply of schedules and instructions will be forwarded to each county. Questions about the study and requests for additional schedules should be addressed to the Bureau of Research and Statistics.

Completed copies of Forms Temp 380 and 381 CA shall be submitted to the Bureau of Research and Statistics, 616 "K" Street, Sacramento, by December 1, 1954.

Very truly yours,

Edward E. Silveira
Edward E. Silveira
Acting Director

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 115, 116

Edward E. Silveira
Acting Director

Goodwin J. Knight
Governor

State of California
Department of Social Welfare
616 K Street
Sacramento 14
September 30, 1954

DEPARTMENT BULLETIN NO. 507 (STAT)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

Subject: Aid to Needy Children
Absent Father Study

A study of absent father cases is being conducted to provide the Legislature and the Social Security Administration, as well as the State Department of Social Welfare and the counties, with essential information on the absent parent problem. This study is in part, a follow-up of the Sample Census of Aid to Needy Children Parents made in July 1954. However, for most counties the present study will involve only a fraction of the cases included in the Sample Census. The present study is also a "pilot study" being undertaken in cooperation with the Social Security Administration as part of a nation-wide survey of absent father cases receiving Aid to Dependent Children.

The study is designed to reveal, among other things, the extent to which:

- (1) Absent fathers do, or do not, contribute to Aid to Needy Children families.
- (2) Contributions are related to legal and other efforts to obtain support.
- (3) Additional effort might be expected to secure contributions from noncontributing fathers.

It will be necessary to have schedules completed on approximately 1,500 Aid to Needy Children family cases in which an absent father is involved. The required information shall be reported on Form Temp 370 CA in accordance with "Instructions for Form Temp 370 CA, Study of ANC Absent Fathers." The cases to be included are specified in these instructions.

A supply of schedules and instructions is being sent to each county.

Questions regarding the study and schedules should be directed to the State Department of Social Welfare, Bureau of Research and Statistics.

The completed schedules shall be sent to the Bureau of Research and Statistics, State Department of Social Welfare, 616 Kay Street, Sacramento 14, to reach this office by November 15, 1954.

Very truly yours,

Edward E. Silveira
Edward E. Silveira
Acting Director

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FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

The following sections are repealed:

A-1332 Authorization of Payment
A-1334 Form of Payment
A-1336 Time of Payment
A-1338 Time Limitation on Warrants
A-1340 Reissuance of Warrants
A-1342 Identification on Warrants
A-1344 Endorsement of Warrants
A-1346 Payment When Grantee or Payee Dies
A-1350 Basis for Federal Participation and Actual Federal Share
A-1352 Federal Participation in OAS Payments
A-1360 Erroneous Payments
A-1364 Discovery of Excess Property or Income Subsequent to Recipient's Death
A-1366 Source of Repayment
A-1368 Demand for Repayment
A-1370 Determination of Debtor's Ability to Repay
A-1372 Plan for Collection of Repayments
A-1374 County Records on Overpayments of Aid and Repayments Receivable
A-1376 Classification of Repayment Receivable Accounts
A-1382 Return of Erroneous Repayments
B-654 Aid Payments - General
B-657 Endorsement of Warrants
B-676 Source of Repayment
B-678 Demand for Repayment
B-680 Determination of Debtor's Ability to Repay
B-682 Plan for Collection of Repayments
B-684 Classification of Repayment Receivable Accounts
B-686 Allocation of Repayments to Periods
B-688 Erroneous Payments
B-692 Financial Records Maintained by County
B-751 Financial Participation State and County
B-752 Federal Participation in ANB Payments
B-754 Federal Participation Basis-ANB Only
B-756 Federal Participation in Administrative Cost-ANB Only
B-758 Financial Participation Charts
C-032 Delegation of Authority By Board of Supervisors
C-513 Federal Participation in Aid Payments
C-570 Terminology Used in Repayments
C-576 Source of Repayment
C-578 Demand for Repayment
C-580 Determination of Debtor's Ability to Repay
C-582 Plan for Collection of Repayments
C-584 Classification of Repayment Receivable Accounts
C-586 Voluntary Repayment of Aid
C-588 Unauthorized Payments
C-590 Return of Erroneous Repayments
C-592 County Repayment Receivable Records
F-340 Money Payments and Restricted Payments
F-370 General Relief Payments to Categorical Aid Recipients
2815-00 Administrative Expenditures
2830-00 Cost of Care Subvention

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-660 PAYMENT WHEN RECIPIENT DIES

B-660

If an eligible recipient dies on or after the first day of the month, aid shall be paid for the full month even though the warrant had not been delivered before death occurred. (See Sec. F-310,C,2, Payments Upon Death of Recipient or Payee)

(W&IC 3075, 3460)

B-674 INVESTIGATION OF OVERPAYMENTS

B-674

Whenever it appears that an overpayment of aid has been made, i.e., aid has been paid during a period for which there was not eligibility or a greater amount of aid has been paid than for which there was eligibility, the county shall determine:

1. Whether overpayment of aid has been made
2. The period of overpayment
3. The reason for overpayment
4. The amount of overpayment
5. Whether or not overpayment was the result of fraudulent intent
6. Whether the right to request repayment exists.

These determinations and the bases for the determinations shall be recorded in the case record.

If the right to request repayment exists see "Appendix" Aid to the Blind Manual; also Manual of Fiscal Policies and Procedures for detailed procedure.

(W&IC 3006, 3075, 3405, 3460; AGO 47/307)

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B-672 RIGHT TO REQUEST REPAYMENT OF AID

B-672

If an overpayment occurs and it is not possible to effect a complete adjustment within the current adjustment period either by decrease or discontinuance of aid, the right to request repayment of aid exists only in those cases in which the aid was received as the result of false statement, misrepresentation, or other fraudulent device, and only to the extent of:

1. The unadjusted balance of the overpayment, if partial adjustment has been made in the current adjustment period, or
2. The total amount of the overpayment, if no adjustment within the current adjustment period is possible.

In the absence of fraudulent intent there is no right to request repayment except to the extent that overpayment can be adjusted within the current adjustment period.

If the right exists to request repayment, the county shall make a demand for repayment of the amount due. If there is evidence that the recipient was underpaid for a past month or months for which the county is required to pay retroactive aid (see Sec. B-630, Item 11), the amount of repayment due may be decreased to the extent of such underpayment in lieu of issuing retroactive aid payments.

Example: During reinvestigation in November it is determined that the recipient had non-exempt income in February which was unreported with fraudulent intent and which resulted in an overpayment of \$30 in that month only. Also the record shows that no action was taken to allow for a special medical need in June which the recipient reported in that month. On the basis of the reported need in June, the recipient is entitled to \$10 retroactive aid for June. Request is made for repayment of \$20 (\$30 overpayment in February less \$10 underpayment in June).

If the right to request repayment exists see Appendix, Aid to the Blind Manual; also Manual of Fiscal Policies and Procedures for detailed procedure.

(W&IC 3006, 3075, 3405, 3460; AGO 47/307)

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C-155 ACTION ON APPLICATIONS AND REQUESTS FOR RESTORATION

C-155

County action shall be taken to grant or deny all applications or requests for restoration unless such a request for aid is withdrawn. The date of county action represents the date the investigation is completed. (See Appendix, Sec. F-300, for authorization actions)

The application or request for restoration shall be denied if any one of the following conditions exist:

1. Ineligibility on any point is established.
2. Diligent investigation of all reasonable sources of evidence of eligibility fails to establish eligibility.
3. The applicant's whereabouts is unknown and he cannot be located.
4. The applicant has established residence in another state before the determination of eligibility is completed.
5. The applicant willfully refuses to complete the investigation.
6. The parent refuses to accept reasonable employment or vocational rehabilitative training.
7. The parent who is available for employment and is physically able to work refuses to register for employment with the State Department of Employment.
8. The parent refuses to give necessary information or refuses reasonable cooperation with law enforcement officers in securing support from an absent parent.
9. The applicant does not complete the Application, Form CA 200, Part Two, after completing Part One.

If ineligibility occurs after the legal beginning date of aid but before action has been taken to grant aid, the application or request for restoration shall be denied.

If application or request for restoration was made for a family group in which some children were determined to be eligible and others were determined to be ineligible, aid may be granted for the eligible children and at the same time denied for the ineligible children.

If the eligibility or ineligibility status has not been determined for one or more of the family group, action may be withheld for such a child until a later date when the determination of eligibility has been completed. Action pertaining only to those children for whom eligibility or ineligibility has been established shall be taken. When eligibility or ineligibility of the remaining child named on the Application, Form CA 200, Part One, or for whom restoration was requested is established, the appropriate action for this child shall be taken.

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C-155 (Continued)

C-155

If aid is denied erroneously, the denial shall be formally rescinded. (See Sec. C-545, Corrective payments)

If aid is granted on an appeal to the SDSW following a denial, the application or request for restoration shall be granted in accordance with the decision of the SSWB.

County action is not necessary on withdrawn applications or requests for restoration.

(W&IC 1550.5, 1560)

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C-521 PAYMENT PROCEDURES

C-521

If a child is living with a parent or a relative, payment shall be made to the parent, the legal guardian of the parent, the relative, the legal guardian of the relative, the child, or, in an emergency, to the person acting temporarily for the parent or the relative.

If the child is living in a foster home or institution, payment may be made to any of the following:

1. The foster home caring for the child
2. The institution caring for the child
3. The parent or other relative responsible for the child
4. The probation officer if the child is a ward of the juvenile court
5. A private child-placing agency licensed under W&IC 1620(b) if the child is under the care of that agency
6. The foster home, but mailed in care of the area office of the California Youth Authority if the child is a parolee from the California Youth Authority for whom the parole officer signed the application.

(See Secs. C-420 through C-440 for Federal Participation)

If the payee dies, the warrant issued to the deceased payee shall be canceled and a duplicate warrant shall be issued to the new payee.

For further details of payment procedures see Appendix Secs. F-310 and F-320.

(W&IC 1560; FSSA)

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C-524 MONEY PAYMENTS AND RESTRICTIVE PAYMENTS

C-524

Aid payments shall be made in conformity with the money payment principle which provides that:

1. Aid payments shall be made by warrants immediately redeemable at par.
2. Payments shall be made to the payee at regular intervals.
3. Use of the payment shall not be restricted, either directly or by implication.

The family shall have full use of the warrant and there shall be no state or county control of its expenditure. Aid payments shall be delivered unconditionally to the payee in the full amount for the sole use and benefit of the family or child for whom the aid payment is made. The money payment, therefore, assures the right to each family to manage its own affairs; to decide what use of its payment will best serve its interests; and to make its purchases through the normal channels of exchange, enjoying the same rights and discharging responsibilities in the same manner as other members of the community.

Neither federal nor state participation is available in aid payments which are restricted, or for aid given in kind. Exception - There is state participation in payments in mismanagement cases. (See Sec. C-516, Payment of Aid in Mismanagement Cases.)

The county is responsible for discussing and suggesting available resources and services within the agency or elsewhere in the community which might be useful to the family. However, the acceptance or rejection of the county's suggestions is at the discretion of the individual. The county shall not imply that the individual must accept these offers of services or suggestions regarding the conduct of his own affairs in order to establish or maintain eligibility for aid.

The money payment assures the same right to every child whether living with his own family or receiving foster care.

The county may do for the family or child whatever it is authorized to do, if the payee wishes it done and if the county does not assume control of the payee's actions. The county, the payee, and the community must keep in mind continually that the money is the family's or the child's on whose behalf the payment is made. On the basis of this principle, it is possible to distinguish when a given practice becomes restrictive.

Example 1: Determining the amount of need as a basis for the aid payment by the use of receipts or bills is not a restrictive practice. However, requiring the payee to present receipts for the purpose of showing how he spent all or part of the aid payment would constitute a restrictive practice.

Example 2: Explaining to the payee the basis on which the amount of the aid payment is determined is a proper county function. However, instructions directing that all or part of the aid payment must be applied to specific bills or for the purchase of specific goods or services would be a restrictive practice.

Example 3: Informing the payee of community resources, referring him to other agencies, and advising regarding the use of community resources are proper county functions. These services can be rendered in such a way that the payee has freedom of choice and decision as to the use of this information and advice.

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C-524 (Continued)

C-524

Example 4: Giving advice about problems affecting the child is a proper function of the county if the payee desires such advice. However, if the payee does not desire this type of service and is unwilling to follow the county's advice, it is not the proper function of the county to assume an authoritative role and to require, either by actual or implied threat of withholding aid, that the payee follow the county's instructions. Such a requirement or threat is a restrictive practice.

If authoritative action is found essential to protect the welfare of the child or members of his family, the situation should be referred to the appropriate protective or enforcement agency. Aid shall continue as long as eligibility requirements are met.

Example 5: Counseling with respect to home management may be desired. Mothers may not be well informed on nutritional requirements and how the amount included in the budget for food may be used to provide maximum nutritional benefits. Similarly a mother may wish information concerning clothing or textiles and other aspects of household management and operation. The ANC budget permits little margin of choice, and poor buying may result in real losses to the family. Such counseling should be given to the mother or caretaker by the county worker if it is desired and if the mother is free to accept or reject the advice and to expend the aid payment as she wishes. The use by the county of its power to provide or withhold aid through threats or penalties associated with counseling results in restricted payments.

(W&IC 1560; FSSA)

C-560 ACTION ON AID PAYMENTS

C-560

County action shall also be taken on any change in the aid payment, including increase, decrease, suspension, change of payee, discontinuance, or change in participation. (See Appendix, Sec. F-300, for authorization actions.)

If a change in the aid payment is granted on an appeal to the SDSW, action shall be taken in accordance with the decision of the SSWB.

If aid is discontinued erroneously, the discontinuance shall be corrected providing such action is taken in accordance with the provisions of Sec. C-545.

(W&IC 1550, 1560)

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F-310 RULES GOVERNING AID PAYMENTS
(Subsection C)

F-310

C. LIMITATIONS AS TO PAYEE

1. Recipient of Payment

In OAS, ANB, and APSB payments of aid shall be made promptly and directly to the recipient, except in cases involving guardianship of the estate. (See Sec. A-228 of the Manual of Policies and Procedures - OAS and Sec. B-155 of the Manual of Policies and Procedures - AB.) In ANC, payments of aid shall be made directly to the authorized payee. (See Sec. C-521 of the Manual of Policies and Procedures - ANC)

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F-310 (Continued)

F-310

2. Payments Upon Death of Recipient or Payee

If an eligible recipient (including child receiving ANC) dies on or after the first day of the month, aid shall be paid for the full month even though the warrant had not been delivered before death occurred. If the county has knowledge that the recipient died on or after the first day of the month and prior to the preparation of the warrant, except in ANC, the warrant shall be made payable to one of the following:

- a. The decedent.
- b. The duly appointed and qualified executor or administrator of the recipient's estate.
- c. Whomever the California Probate Code designates as the proper party to receive monies belonging to the decedent's estate. If the decedent's estate falls within the categories outlined in Sec. 630 of the Probate Code, Summary Probate Proceedings, the warrant may be made payable to such successor when he furnishes the county auditor with an affidavit showing his right under Sec. 630 of the Probate Code to receive the money.

If a recipient (other than ANC) dies before aid authorized prior to his death is paid to him, such aid shall be made payable as outlined above. If aid is granted subsequent to the applicant's death or if aid is increased by county action subsequent to the recipient's death, such aid is not payable and the warrants, if drawn, shall be canceled except in cases of appeal granted by the SSWB, when the appeal was filed before the applicant's or recipient's death.

A warrant which has not been endorsed may be endorsed only by one of the following:

- d. The duly appointed and qualified executor or administrator of the recipient's estate.
- e. Whomever the California Probate Code designates as the proper party to receive monies belonging to the decedent's estate.
 - (1) If the decedent's estate falls within the categories outlined in Sec. 630 of the Probate Code, Summary Probate Proceedings, the warrant may be endorsed by such successor when he furnishes the county with an affidavit showing his right under Sec. 630 of the Probate Code to receive the money.
 - (2) Endorsements on warrants made under Summary Probate Proceedings should incorporate or refer to the affidavit required of persons claiming estates under Sec. 630 of the Probate Code, Summary Probate Proceedings. If the payee is other than the recipient, the warrant shall not become part of the payee's estate in case of the payee's death. The warrant issued to the deceased payee shall be canceled and a duplicate warrant shall be issued to the new payee.

In ANC, if the payee dies, the warrant issued to the deceased payee shall be canceled and a duplicate warrant shall be issued to the new payee.

(W&IC 1552.3, 1560, 2140, 2183, 3075, 3460)

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-400 TERMINOLOGY USED IN AID REPAYMENTS

F-400

A. REPAYMENTS RECEIVABLE

Amounts receivable from, or on behalf of, recipients or former recipients as the result of an overpayment totalling \$2 or more in OAS, ANB or APSB, or an overpayment of \$2 or more in any one month in ANC and not adjusted or adjustable within the current adjustment period and for which there is right to demand repayment are termed "repayments receivable." Items affecting county funds only or "Current Cash Adjustments" shall not be included in the repayment receivable file maintained for purpose of completion of the Quarterly Repayment Report.

While all amounts received from, or on behalf of, recipients or former recipients are required to be reported as abatements on aid claims to the state (See Chapter VII), this chapter deals only with repayments receivable. Only repayments receivable are to be set up as repayments receivable accounts (See Sec. F-470), are to be reported in Quarterly (or Monthly) Repayment Reports, (See Sec. F-490), and are affected by the procedures set forth in the other sections of this chapter.

B. CURRENT CASH ADJUSTMENTS

Amounts received within the current adjustment period from, or on behalf of, recipients which represent repayments of an overpayment and are in lieu of grant reduction or discontinuance are termed "current cash adjustments."

C. VOLUNTARY REPAYMENTS

Amounts received from, or on behalf of, recipients or former recipients on a voluntary basis which represent return of aid legally paid are termed "voluntary repayments."

D. DEBTOR

In OAS, ANB, APSB this term refers to the recipient or former recipient who has received an overpayment for which the right exists to demand repayment, except that in guardianship cases it refers to the person holding guardianship of the recipient's estate during the time the overpayment was made.

In ANC, the term refers to the person from whom the county has the right to demand repayment for the overpayment of aid. Depending on the circumstances in the individual case, the debtor may be the person who signed the application, the payee, the parent, the person or agency in loco parentis, the person who failed to report the change in circumstances, or any combination of these persons.

(W&IC 115, 116)

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(Pursuant to Government Code Section 11380.1)

F-430 SOURCE OF REPAYMENT

F-430

Repayment receivable (\$2 or more) shall be demanded from any and all resources (real and personal property) of the debtor, except that repayment shall not be requested from:

1. The current grant or income required to meet the current needs of a recipient, or, in ANC, of the child or his parents or both.
2. Real and personal property required to meet continuing needs of a recipient, or, in ANC, of the child or his parents or both.

These are:

- a. Real property: the home in which a recipient lives or other property producing net income which is contributing substantially toward meeting current need, or in ANC, that which provides the child or his parents with shelter or other items of current need or is producing net income which is contributing substantially toward meeting current need. This, however, does not preclude a county from filing a lien against real property.
- b. Personal property: essential household furniture and equipment, personal effects, personal jewelry, clothing, an automobile if such automobile has been determined to be necessary, and, in ANC, tools, supplies, equipment and other items which are part of a program of rehabilitation for a parent or necessary to the production of net income which contributes toward meeting current need.

Repayment may be demanded, within the provisions of the Probate Code, from any and all real and personal property of the estate of a debtor, except that the rights of the county shall be subordinated to the rights of a surviving spouse or minor child who is a recipient of aid, if the surviving spouse or guardian of the child executes an agreement not to transfer or encumber such property without the consent of the county.

(W&IC 115, 116, 1506, 1560, 2007, 2140, 3006, 3075, 3405, 3460)

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

F-730 CLAIMING OF AID PAYMENTS
(Subsection F.)

F-730

F. PAYMENTS FOR PARTIAL MONTHS

1. Computation of Total Amount

In computation of a grant for a partial month, the rate of aid per day is computed on the basis of the actual number of days in the particular month involved including the beginning day of aid and the day of discontinuance.

Example A - OAS in the amount of \$75 a month begins on November 4. Aid for 27 days is paid ($27/30 \times \$75$), making a total payment of \$67.50.

Example B - ANC-BHI in the amount of \$60 a month is paid through February 24 during a 29 day month. Aid for 24 days ($24/29 \times \$60$), results in a total payment of \$49.66.

2. Bases for State and Federal Participation

If a partial month's claim is made, the bases for both state and federal participation are the actual amount of aid paid, the basis amounts not to exceed the maximum for a full month. Federal and state participation maxima are not prorated.

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 WITH THE SECRETARY OF STATE**
 (Pursuant to Government Code Section 11380.1)

F-730 (Continued)

F-730

Example A - If 20 days aid at the rate of \$65 in a 30 day month, or \$43.33, is paid to an OAS recipient, \$43.33 is the basis for state and federal participation.

Example B - If 25 days aid at the rate of \$80 in a 30 day month, or \$66.67, is paid to an ANB recipient, \$66.67 is the basis for state participation and \$55 is the basis for federal participation.

Example C - If 17 days aid at the rate of \$75 in a 30 day month, or \$42.50, is paid to an APSB recipient, \$42.50 is the basis for state participation.

Example D - If 15 days aid at the rate of \$75 in a 31 day month, or \$36.29, is paid for a child in a boarding home, \$36.29 is the basis for state participation.

Example E - If 25 days aid at the rate of \$150 in a 31 day month, or \$120.97, is paid for one child ineligible for federal participation, \$111 is the basis for state participation.

Example F - If 10 days aid at the rate of \$95 in a 31 day month, \$30.65, is paid for three children eligible for federal, \$30.65 is the basis for both state and federal participation.

Example G - If 17 days aid at the rate of \$100 in a 31 day month, or \$54.84, is paid for three children, two of whom are eligible for federal, \$54.84 is the state basis and \$51 is the federal basis.

3. Computation of ANC Payments and Basis for State Participation in Transfers Between the Home of a Relative and a Boarding Home or Institution.

If a child is moved from the home of a relative to a boarding home or institution (or vice versa) during a month, ANC shall be computed and claimed as follows:

- a. If an amount equaling or exceeding the maximum state basis is paid in advance to the relative for the full month, or if an amount paid in advance or during the month to the relative for a partial month equals or exceeds the maximum allowable for a full month, a full month's aid is allowed on the voucher claim. No state basis is claimed on the BHI cash claim for that month.

Example A - Maximum for full month paid in advance to relative. A child is living with his mother and the monthly ANC payment of \$111 is paid to the mother on January 1. On January 25, the child is placed in a boarding home. The state basis is claimed only on a voucher claim in the maximum amount of \$111.

Example B - Maximum for partial month paid in advance to relative. A child living with his mother and receiving aid at the rate of \$124 a month is to be placed in a boarding home on January 29. The change is known in advance and on January 1 the mother is paid for 28 days in the amount of \$112 ($28/31 \times \124). The state basis is claimed only on the voucher claim in the maximum amount of \$111.

Example C - Transfer from BHI to relative during month. Relative paid maximum for partial month. A child living in a boarding home is moved on January 4 to his mother's home, where aid is granted in the amount of \$124 a month from January 4. The mother is paid for 28 days in the amount of \$112 ($28/31 \times \124). The state basis is claimed on the voucher claim only in the maximum amount of \$111.

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F-730 (Continued)

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- b. If less than the maximum state basis is paid in advance to the relative for the full month, or if less than the maximum is paid in advance or during the month for a partial month and a payment is also made to a boarding home, the claiming of the maximum reimbursement of state funds is divided between the voucher and BHI claims. The voucher claim should show the total amount paid to the relative and the regular bases for federal (if eligible for federal) and state participation for the full month, not to exceed the amount actually paid. The BHI claim should show the warrant amount paid to the boarding home or institution; however, the basis for state participation should be only in an amount necessary to effect the maximum state reimbursement in both payments for the month, not to exceed the amount actually paid. If such transfers occur, the maximum state basis for family budget units applies (Sec. F-560), except that the basis for state participation on the BHI claim for the partial month shall not exceed \$60.

Example D - Transfer from relative to BHI. Full month paid in advance to relative less than maximum. A child living with the mother is receiving aid in the amount of \$86 a month. On January 16 the child is moved to a boarding home and the grant is decreased to \$65. On January 1 a warrant is issued to the mother for the full month in the amount of \$86. At the end of the month a warrant is issued to the boarding home for 16 days aid in the amount of \$33.55 ($16/31 \times \65). The total amount of \$86 paid to the mother is shown on the voucher claim as the basis for state participation. Only \$25 state basis (\$111 maximum state basis less \$86 allowed on the voucher claim) may be claimed on the BHI claim.

Example E - Transfer from relative to BHI. Partial month paid to relative in advance - less than maximum. A child living with the mother is receiving aid in the amount of \$66 a month. On January 6 the child is moved to a boarding home and the grant is decreased to \$60. This change is known in advance and on January 1 a warrant is issued to the mother for 5 days aid in the amount of \$10.65 ($5/31 \times \66). At the end of the month a warrant is issued to the boarding home for 26 days aid in the amount of \$50.32 ($26/31 \times \60). The total amount of \$10.65 paid to the mother is shown on the voucher claim as the basis for state participation. The total amount of \$50.32 paid to the boarding home is shown on the BHI claim as the basis for state participation, since the total of the two payments does not exceed the maximum of \$111 for the family budget unit, and the amount paid to the boarding home is within the BHI maximum of \$60.

Example F - Transfer from BHI to relative. Partial month paid to relative less than the maximum. Partial month paid to BHI over maximum. A child is living in a boarding home where aid is being paid at the rate of \$84 a month. On January 26 the child is moved to his mother's home where aid is granted in the amount of \$96 a month effective January 26. Two warrants are issued, one to the boarding home for 25 days aid in the amount of \$67.74 ($25/31 \times \84) and one to the mother for 6 days aid in the amount of \$18.58 ($6/31 \times \96). The total amount of the payment of \$18.58 made to the mother is shown on the voucher claim as the basis for state participation. Only \$60 state basis may be claimed on the BHI claim, since the warrant amount of \$67.74 exceeds the BHI maximum of \$60.

4. Federal Participation When an Additional Child Becomes Eligible for Aid During the Month.

Federal participation for the full month is allowed for an additional child of a family receiving ANC for whom aid is approved to begin during the month, if such child meets all federal requirements of eligibility and the initial payment is not made retroactively.

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Example A - Two children eligible for federal participation (relative not needy) are receiving aid at the rate of \$100 on January 1. Aid is approved to begin on January 14 for an additional child of the same family who is also eligible for federal participation. Aid continues at the rate of \$100 and the basis for federal participation for the three children is \$72.

Example B - Two children eligible for federal participation (relative not needy) are receiving aid in the amount of \$170 (\$162 basis for state participation and \$8 county supplemental aid). An additional child becomes eligible for ANC on January 13, and is also eligible for federal participation. The basis for state participation is increased to \$170 and ANC is continued at that rate. One warrant in the amount of \$170 is issued. The basis for state participation for the month of January is \$170 and the federal basis is \$72.

Example C - Two children eligible for federal participation (relative not needy) are receiving ANC in the amount of \$100 on January 1. The family grant is increased to \$120 on January 14, when aid is approved to begin for an additional child of the family, who is also eligible for federal participation. The method of arriving at the total payment for the month is as follows:

13 days @ \$100	\$41.93
18 days @ \$120	69.68
Total basis for state participation	\$111.61

On the first of the month, one warrant is drawn in the amount of \$100 for the first two children and in the middle of the month, a supplemental warrant in the amount of \$11.61 is issued to cover the increase for the third child. The basis for federal participation is \$51 in the first warrant of \$100 issued for the first two children and \$21 in the supplemental warrant for \$11.61 issued for the additional child, or a total of \$72 for the three children.

5. Federal Participation When an Eligible Relative is Added to an ANC Case During the Month.

Federal participation for the full month is allowed for an eligible relative added to an ANC family budget unit during the month, provided the authorization is not effective for a month prior to the month in which the action is taken.

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Division of Administrative Procedure

ENDORSED

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Social Welfare

(Agency)

Dated: October 14, 1954

By: Edward S. Scieur

Acting Director

(Title)

FILED

In the Office of the Secretary of State
of the State of California

OCT 14 1954

4:05 o'clock P.M.

FRANK M. JORDAN, Secretary of State

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STANDARDS FOR MATERNITY HOMES IN CALIFORNIA

CHAPTER I LEGAL REQUIREMENTS

I-100 LICENSING JURISDICTION - STATE DEPARTMENTS

Since 1913, all maternity homes and maternity hospitals have been required to obtain one or more licenses in accordance with the laws of California. Since 1925, the statutes have contained provisions which, in effect, mandate a dual licensing process since maternity homes are included among the facilities subject to the licensing jurisdiction of both the State Department of Public Health and the State Department of Social Welfare.

I-200 LICENSING - LEGAL AUTHORITY - STATE DEPARTMENT OF SOCIAL WELFARE

The authority of the State Department of Social Welfare with respect to the licensing of maternity homes is derived from Sections 1620-1630 of the Welfare and Institutions Code. Section 1620 states:

"No person, association, or corporation shall, without first having obtained a written license or permit therefor from the State Department of Social Welfare:

"(a) Maintain or conduct any institution, boarding home, day nursery, or other place for the reception or care of children under sixteen years of age, nor engage in the business of receiving or caring for such children, nor receive nor care for any such child in the absence of its parents or guardian, either with or without compensation.

"(b) Engage in the finding of homes for children under sixteen years of age, or place any such child in any home or other place, either for temporary or permanent care or for adoption.

"The provisions of subdivision (a) do not apply to any hospital or establishment holding a license in good standing issued under the provisions of Chapter 2 or Chapter 3 of Division 2 of the Health and Safety Code. However, where the hospital or establishment holding such a license from the State Department of Public Health provides services not incidental to its primary purpose, the provisions of subdivision (a) continue to apply to the hospital or establishment in respect to such additional services."

I-300 LICENSING - LEGAL AUTHORITY - STATE DEPARTMENT OF PUBLIC HEALTH

The licensing authority of the State Department of Public Health is set forth in the Hospital Licensing Act - Division 2, Chapter 2 of the Health and Safety Code and in Title 17, Group 2 of the California Administrative Code.

Sections 1400 and 1401 of the Health and Safety Code state:

"No person, political subdivision of the State, or other governmental agency within the State, shall establish, conduct or maintain in this state any hospital without first obtaining a license therefor provided in this chapter.

"As used in this chapter, 'hospital' means any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care, and treatment of human illness, including convalescence

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and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. 'Hospital' includes sanatorium, rest home, nursing home, maternity home, and lying-in asylum."

I-400 LICENSING JURISDICTION -- DIVISION OF RESPONSIBILITY

In 1941, an opinion of the Attorney General's office clarified the responsibility of the State Department of Social Welfare by stating that the licensing jurisdiction of this department would be operative in the following situations:

1. Where the maternity hospital or home is engaged in the finding of homes for the infants born in or brought to it, or placing any such children in any home for care, or for adoption.
2. Where the mothers go from such hospital and leave their infants in the care and custody of such hospital or home.
3. Where unmarried mothers or expectant mothers under sixteen years of age are admitted to such hospitals and homes and are in receipt of social service, advice, and/or benefits of a social welfare program in addition to the requisite hospitalization and medical attention.

The following division of responsibility with respect to the licensing of maternity homes and maternity hospitals now exists:

1. All maternity homes and hospitals which provide medical treatment, nursing care, and other hospital services are subject to the licensing jurisdiction of the State Department of Public Health.
2. Maternity homes which offer care and other services to girls under sixteen years of age for periods prior to and after confinement, and to their babies for varying periods of time are subject to the licensing jurisdiction of the State Department of Social Welfare.

The purpose for which the facility was founded may be an important factor in determining licensing jurisdiction. Maternity homes established for the protection of unwed mothers usually provide services for the rehabilitation of the mother and the development of plans for the future of her child. When this is true, the facility is subject to license by the State Department of Social Welfare since the medical program is not the only service provided.

3. When a maternity home is subject to the licensing jurisdiction of both departments, the State Department of Public Health assumes responsibility for licensing only the facilities used for actual maternity care and for the care of the newborn. The State Department of Social Welfare then holds responsibility for licensing the remainder of the facility.

I-500 JURISDICTION -- LOCAL AUTHORITIES

Section 1631 of the Welfare and Institutions Code states:

"The provisions of this chapter shall not prevent local authorities of any city or city and county -- from adopting rules and regulations,

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by ordinance or resolution, prescribing standards of sanitation, health and hygiene for institutions -- not in conflict with the provisions of this chapter and requiring a local health department permit to maintain and conduct any such institutions. "

It is the responsibility of the maternity home to determine the local ordinances in effect and to conform to all applicable laws, rules, and regulations. Local building, fire, and zoning departments should be consulted before proceeding with any plans to build new building or to make additions or major alterations to existing buildings.

I-600 STANDARDS -- BASIS FOR DETERMINATION OF ELIGIBILITY TO LICENSE

Section 1621 of the Welfare and Institutions Code states:

"The State Department of Social Welfare shall make such rules and regulations as it deems best for the government of any institution or for the performance of any service specified in Section 1620 of this code and the department may, by a member, or any duly authorized representative, inspect and examine any such institution, home, or place or the performance of any such service."

These Standards constitute the rules and regulations established as a basis for determination of eligibility to license. The Standards include the following types of material:

1. Rules -- the basic requirements which are mandatory for all maternity homes.
2. Interpretation -- an explanation of the rules, and/or description of acceptable methods which can be used to achieve conformity with them.
3. Recommendations -- suggestions for desirable practice not mandatory at this time.

I-700 LICENSING PROCEDURE -- APPLICATION

Rules

An application for license must be filed with the nearest area office of the State Department of Social Welfare before any step is taken to formally establish a maternity home. (Operation of a maternity home without a valid license is a violation of law, subject to prosecution by the District Attorney of the county in which it is located -- Welfare and Institutions Code, Section 1629 and 1630.)

A new application must also be filed whenever a change is contemplated in the location of the maternity home or the auspices under which it will be operated. (By law, no license can be transferred -- Welfare and Institutions Code, Section 1626.)

All licenses issued by the State Department of Social Welfare expire within twelve months from the date of issuance. (Welfare and Institutions Code, Section 1623.)

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Applications for renewal of license must be filed with the State Department of Social Welfare ten days prior to the expiration of the existing license. (Welfare and Institutions Code, Section 1624.)

Three copies of the appropriate application form must be completed and two copies returned to the area office. The third copy is retained by the institution for its records.

I-710 LICENSING PROCEDURE -- PROCESS OF STUDY

Rule

The licensing study will include the following procedures:

1. Review of building plans or inspection of plant -- Upon receipt of any new application, the State Department of Social Welfare will evaluate the building plans, or inspect the building whose use is contemplated to determine conformity with the provisions contained in Chapter II of these Standards.
2. Fire Inspection -- Upon receipt of any application, the State Department of Social Welfare will request the State Fire Marshal to inspect the buildings and to make a report of his findings and recommendations concerning any necessary alterations. (See Sections 13143 - 6 of the Health and Safety Code.)
3. Evaluation of Conformity with Standards -- The State Department of Social Welfare, in cooperation with the Board and staff of the maternity home, will evaluate the facility's eligibility to license and the capacity limitation to be specified on the license. The evaluation process is a shared responsibility, but final decision concerning the issuance of license must be made by the State Department of Social Welfare. The guidance and counsel of the department is available to each maternity home as it seeks to achieve conformity with these Standards.

I-720 LICENSING PROCEDURE -- ISSUANCE OF LICENSE

Rules

1. A license will be issued to any maternity home found to be in full conformity with these Standards.
2. At the discretion of the department, a license may be issued in a case of substantial conformity with standards when (a) deviations from the standards are minor and/or all reasonable effort is being made to achieve conformity; and (b) when the continued operation of the maternity home is believed to be in the best interest of the mothers and children whom it serves.
3. Each license will specify the number of girls and infants for whom the maternity home is authorized to provide care in the residential quarters. This number must not be exceeded at any time.

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I-730 LICENSING PROCEDURE - REVOCATION OF LICENSE

Rule

".....licenses may be revoked for cause after a hearing before the State Department of Social Welfare....." (W & I Code, Section 1625)

The procedure established by the Government Code (Chapter 5 of Part 1 of Division 3 of Title 2) will not be invoked, until a maternity home has had a reasonable opportunity to achieve conformity with these Standards.

I-800 RESPONSIBILITIES OF LICENSED MATERNITY HOMES

1. Posting of License

Rule

Licenses must be posted in a conspicuous place in the maternity home.

2. Reports to the State Department of Social Welfare

All maternity homes are required to submit written reports to the State Department of Social Welfare, when the following events occur:

- a. Death of any child -- within 48 hours. (W & I Code, Section 1628)
- b. Discharge of any child to a person other than a parent or relative by blood or marriage: "...within 48 hours, ...the name and address of the person, organization or corporation into whose custody the child was released" must be reported. (W & I Code, Section 1620.5)
- c. Change in the administrative personnel. (W & I Code, Section 1628)
- d. Change in the operation or location of the home. (W & I Code, Section 1628)
- e. Information and statistics requested by the State Department of Social Welfare. (W & I Code, Section 115)
- f. Plans for new buildings or for addition or major alteration to existing buildings. See Section III-400 Rule.
- g. Plans to occupy a building or a portion of a building which has not been previously used by the maternity home. See Section III-400- Rule.

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CHAPTER II -- ORGANIZATION AND ADMINISTRATION

II-125 ADMINISTRATIVE RESPONSIBILITY -- BASIC REQUIREMENT

Rule

Legal responsibility must be clearly defined, administrative authority specifically placed and citizen participation in the administrative process insured.

II-150 INCORPORATION

Rule

Maternity homes offering care to girls under sixteen years of age must be operated by a non-profit organization incorporated in accordance with Division 2, Part 3, Sections 10200 - 10208 of the Corporations Code of California, and a copy of the Articles of Incorporation must be filed with the State Department of Social Welfare.

Homes operated under the auspices of a larger non-profit corporation need not be incorporated separately, if the operation of maternity homes is a function mentioned in the Articles of Incorporation issued to their parent-body.

II-200 CONSTITUTION AND BYLAWS -- ESTABLISHMENT

Rule - Homes Governed by a Local Administrative Board

Each home of this type must have a constitution and bylaws which make provision for control by a responsible governing body and fulfill the requirements established in Sections II-210 and II-300.

Rules - Homes Operating Under the Auspices of a National Organization or Religious Order

When a home is served in an administrative or advisory capacity by more than one citizen group (on a national, territorial, or local level), a separate constitution and bylaws must be established to govern the activities of each Board or Advisory Committee.

In each constitution, the location of final administrative authority must be apparent, any division of responsibility defined, and the specific functions of this citizen group, clearly set forth.

The constitution of an Advisory Board must define specifically, the functions delegated to it by the primary administrative authority and any portion of these functions, which it delegates in turn, to an Advisory Committee established to serve a maternity home operated under the auspices of the same national organization or religious order. Likewise, the constitution of an Advisory Committee must contain a clear definition of the functions delegated to this group and explain the channels through which its actions must proceed for review and approval. See Section II-300 -- Boards and Advisory Committees - Functions.

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Rule -- All Maternity Homes

The constitution and bylaws established to govern the activities of any citizen group which has responsibility (in whole or in part) for the operation of a maternity home must be filed with the State Department of Social Welfare.

When administrative authority is vested in a national organization or religious order, the constitution and bylaws established to govern the activities of an Advisory Board and when necessary, those of an Advisory Committee must be filed with the department in addition to those of the final administrative authority.

II-210 CONSTITUTION AND BYLAWS -- CONTENT

Rule

Each constitution and bylaws must contain the following information:

1. The name of the organization (or the citizen group whose activities will be controlled by this document).
2. The purpose of the organization -- including a broad definition of the individuals to be served and the services to be provided.
3. The relationship of this group to the general membership and/or the auxiliary groups (if such exist)
4. The location of administrative authority for the operation of the maternity home -- with specific mention of responsibility for the employment of staff, if this is not within the function of the citizen group governed by this constitution.
5. The powers and duties of the governing board or advisory group.
6. The size, composition, and the methods of selection of the Board (or Advisory Committee) and the term of office established for its members.
7. The organization of the Board (or Advisory Committee) including the officers and committees to be designated, the method of their selection, their term of office, and their duties.
8. The time, place, and frequency of meetings of the Board (or Advisory Committee) and the number necessary for a quorum.
9. The methods through which the financial aspects of the maternity home program will be conducted. (See Section II-410 -- Financial Procedures.)
10. The methods by which change in the constitution and bylaws can be effected.

(To facilitate change, the specifics of function and the methods of operation should be adopted in the form of bylaws and not included in the constitution.)

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II-250 BOARDS AND ADVISORY COMMITTEES -- BASIC REQUIREMENT

Rules

Each maternity home must have a local lay Board or Advisory Committee whose functions do not include a responsibility for the provision of any other service or for the operation of any other facility.

When a maternity home is not governed by a local lay administrative board, an Advisory Board or Advisory Committee must be established to insure local citizen participation in the administrative process. If a local Board (advisory or administrative) (1) serves other facilities operated under the same organization; or (2) has responsibility for a program of services, not related to the needs of pregnant girls, unmarried mothers and their infants, an Advisory Committee must be established to serve each maternity home for which the Board has responsibility.

II-300 BOARDS AND ADVISORY COMMITTEES -- FUNCTIONS

Rule

Every Board or Advisory Committee established to serve a maternity home must maintain a close relationship with the executive and accept as its minimum function, the following responsibilities:

1. The acquisition of current information relative to the quantity and quality of service provided by the maternity home.
2. The continual evaluation of these services to determine their effectiveness in meeting the needs of the individuals served and the need of the community for these services.
3. A constant review of the policy which governs the practice of the maternity home to determine its applicability to current needs and to currently accepted standards.
4. The development of policy which can be adopted as a basis for improved practice or recommended to the appropriate administrative body.
5. Interpretation of community interests and attitudes to the staff.
6. Interpretation of the maternity home's services and needs to the general public, and to specific groups which may provide funds to insure the availability (or extension) of services, or may have need for these services.

Rule -- Maternity Homes Governed by Local Administrative Boards

These Boards must accept the following additional functions:

1. Formal establishment of policy to govern the program of the maternity home. (See Chapters IV and V.)
2. Financial responsibility and budget planning. (See Sections II-400 and II-470.)

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3. Selection of a qualified executive to whom all details of administration can be delegated, and with whom all planning activities can be shared.
4. Development of criteria for the evaluation of the job performance of the executive and acceptance of responsibility for periodic evaluation of the executive in accordance with the standards of performance established. (See Section IV-250; Section IV-300; and Section IV-355.)
5. Provision for channels through which responsibility for policy formulation and for development of plans can be shared with the total staff.
6. Acceptance of responsibility to the community for the establishment and maintenance of acceptable standards of service.
7. Representation of the maternity home in its contacts with national and local programs of a related nature.

II-310 BOARDS AND ADVISORY COMMITTEES -- COMPOSITION AND METHOD OF SELECTION

Rule

No member of the staff and no person whose financial interests could be served by the maternity home shall be eligible to membership on a Board or Advisory Committee established to insure citizen participation in the operation of a maternity home.

II-340 BOARDS AND ADVISORY COMMITTEES -- MEETINGS

Rules

The constitution established to govern the activities of a Board or an Advisory Committee whose responsibility relates solely to the program and services of a maternity home must make provision for regular monthly meetings during ten months of the year, at least. It must also establish the number of members who must be present at these meetings to constitute a quorum. (See Section II-300 -- Boards and Advisory Committees -- Functions.)

Rule

The constitution of the Board or Advisory Committee must make provision for the attendance of the executive of the maternity home at all meetings of the group.

An exception to this provision may occur, when an administrative board meets to evaluate the job performance of the executive or to discuss the selection of her successor. Some provision must be made, however, for the executive to share in the process through which her performance is evaluated even when a portion of the evaluative discussion occurs in a "closed meeting" of the Board.

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Rule

Minutes of all meetings of a Board or Advisory Committee which has any responsibility for the operation of a maternity home must be kept and made available for review by the State Department of Social Welfare.

If an Advisory Board serves other facilities, only the minutes which pertain to the operation of a maternity home, need be made available to the State Department of Social Welfare.

II-400 FINANCES -- GENERAL

Rule

Every maternity home must have a sound financial plan which gives assurance that sufficient funds will be available at all times to enable it to provide the quality of care and service required by these Standards.

Conformity with this provision can be considered to exist only when funds sufficient to meet need during the current fiscal year are in the possession of the maternity home, or have been definitely allocated by a responsible appropriating body.

II-410 FINANCES -- FUND-RAISING

Rule

An appropriate constitution must make clear, the fact that the Board, the Advisory Committee, or another administrative authority holds responsibility for securing adequate operating funds, and that this is not a function of the executive.

II-420 FINANCES --BONDING OF EMPLOYEES

Rule

Any person (usually the treasurer, executive, and bookkeeper) responsible for the handling of funds must be bonded, unless a competent national organization or religious order guarantees the replacement of any shortage of funds which may occur.

II-430 FINANCIAL PROCEDURES -- BUDGET

Rules

Prior to the beginning of each fiscal year, an itemized annual budget must be prepared and approved by the Board and/or Advisory Committee and, if necessary, by other appropriate administrative authorities.

This budget in its tentative form must show the estimated requirements of the maternity home, the estimated income from known sources, and the amount which will be required from appropriating bodies to meet the total cost of the services projected. When the actual allocation made by appropriating bodies is known and the figures for estimated

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expenditures adjusted accordingly, the budget in its final form, must become the framework which governs the financial operation of the maternity home. Any increase or decrease in anticipated income must therefore, be reflected in the budget, through appropriate revision.

II-450 FINANCIAL PROCEDURES -- RECORDS

Rules

Financial records must be established and maintained in sufficient detail to show clearly, the amounts and sources of all income and the nature and amount of all expenditures, assets, and liabilities. These records must include itemized accounts which show the relationship which exists between the total annual allowance for each budget item and the total expenditures for this item during the current fiscal year to date.

All financial records of the maternity home must be available for review by the State Department of Social Welfare. The last annual report of income and expenditures may be examined by the department as a part of the material on which a determination of eligibility to a renewal license will be based.

II-460 FINANCES -- AUDIT

Rule

All accounts must be audited annually by a certified public accountant who is not a member of the Board or Advisory Committee and is not otherwise employed by the maternity home or the national organization under whose auspices it operates.

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CHAPTER IV -- PERSONNEL

IV-200 PERSONNEL POLICY -- METHODS OF ESTABLISHMENT

Rules

Personnel practice shall be governed by a written policy statement formally approved by the Board and/or the appropriate administrative authority. This document shall constitute the basis for employment of new staff, and shall be available for reference by any staff member.

IV-250 PERSONNEL PRACTICE

Rules

Each maternity home must establish or compile from pertinent sources, written statements of policy and procedure which will govern its personnel practice. These statements must include the topics subsequently listed, and if policy has not been developed in a particular area, the policy statement must reflect this fact. In the material which follows, certain requirements are set forth, but in most instances, the nature of the policy to be established is not mandatory.

1. Residence Requirements
2. Hours
3. Vacations
4. Sick Leave
5. Insurance and Retirement
6. Physical Examination

Rules

Each staff member must be in good physical and mental health.

Policy must require that each prospective employee submit a satisfactory written report of a recent physical examination made by a licensed physician. To fulfill this requirement, the physician's statement must certify that the job applicant is physically able to perform the required duties and is free from venereal disease, tuberculosis, and all other communicable infections. All employees who are in contact with infants, or have responsibility for the preparation or serving of food must be required to have annual physical examinations (including chest X ray) and similar reports must be submitted by the examining physician.

Policy must also require that the executive accept responsibility for insuring that no staff member comes to work when ill (either with contagious disease, such as colds, or with other illnesses which would affect their performance or the health of other persons), and that any employee showing symptoms of illness be excluded from work pending clearance from a physician or staff nurse.

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7. Salary Schedules
8. Job Specifications
9. Assignment of Duties
10. Probation
11. Termination of Service
12. Records
13. Periodic Evaluations

IV-300 PERSONNEL POLICY -- EMPLOYMENT OF STAFF

Rules

Personnel policy must (1) make provision for the employment of staff in all of the general classifications listed in Sections IV-355 - 395, or (2) provide assurance that other methods will be utilized to make available to persons served by the maternity home, the services customarily provided by such staff.

Any person whose services are made available under the auspices of a maternity home (whether donated, paid for on a contract basis, or provided through an agreement with another agency) must meet the minimum qualifications for staff employed by the maternity home in a similar capacity. (See Sections IV-350 - 395.)

Job specifications must reflect the basic concepts set forth in Sections IV-350 - 395 of this chapter. Duties assigned to a particular position may represent either a combination or a subdivision of the duties listed for related job classifications.

When provision is made for a combination of duties, the job specifications must state that the person employed in this position must meet fully, the minimum qualifications established for all job classifications from which his duties are derived. Job specifications for a position which does not require the performance of all duties listed for a particular job classification, must establish minimum qualifications for the position equal to those specified for the more inclusive classification. Exceptions to this provision may occur only when the title of the job classification gives definite assurance that responsibility for the adequate performance of duties assigned to this position will be retained by an employee who meets fully the qualifications specified for the more general classification. (Such modification may be made in specifications for Assistant Cook, etc.)

IV-350 QUALIFICATIONS AND DUTIES OF STAFF -- PERSONAL QUALIFICATIONS

Rules

Personnel policy must specify that all staff employed by the maternity home must demonstrate (through pre-employment interviews, employment and personal references, and subsequent job performance) the possession of the following personal attributes:

1. A warm and friendly manner, a sense of humor, a genuine liking for people, and a capacity to establish positive relationships with them.

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2. Sufficient intelligence to understand the objectives of the maternity home, and to perform the duties assigned.
3. Mental and emotional stability, personal integrity and freedom from any serious character defect.
4. Sufficient physical vigor to perform assigned duties without undue fatigue or self-pity.
5. Attitudes that are generous, nonpunitive and reflect a basic respect for individuals and an acceptance of their differences. Absence of punitive attitudes toward members of the opposite sex and toward sex deviations are of particular importance. Acceptance of the maternity home's objectives is essential.

IV-355 QUALIFICATIONS AND DUTIES OF STAFF -- EXECUTIVE

Rules

In every maternity home, an executive must perform the duties described in this section, and possess in substantial degree, the qualifications subsequently listed.

Personal Qualifications

In addition to the attributes required for all employees (see previous section), the executive must possess the following qualifications:

1. Age and state of health which permit vigor and vitality and a youthful point of view.
2. Warmth of personality, a satisfying philosophy of living, and capacity for personal enjoyment of the events of each day.
3. Sufficient emotional maturity to insure freedom from anxiety and irritability under pressure, and an ability to exercise sound judgment, even in moments of crisis.
4. Deep and sympathetic understanding of human behavior, and of the problems involved in pregnancy out-of-wedlock and in unmarried motherhood, plus an ability to work successfully with individuals and groups.
5. True identification with the objectives of the maternity home and deep conviction about the value of its service.
6. Ability to establish and maintain a home-like atmosphere in the institution, and capacity to facilitate the relationships essential to constructive group living.
7. Knowledge and clear understanding of the functions of each employee of the maternity home (including the professional staff); of the procedures necessary to prepare a budget, to compile needed

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statistics, and to operate the maternity home on a sound financial basis; and of effective methods of public interpretation.

8. Ability as an administrator with capacity to accept authority and to delegate it wisely; to inspire Board and staff to develop and implement sound policy and program; to analyze, evaluate, and interpret the program of the maternity home and its relationship to the total community program for unmarried mothers; and to give leadership to community efforts to provide more adequate services for unmarried mothers.

Education and Experience

1. A minimum of three years of successful experience in the field of social work, nursing, psychology, or education, a part of which should have been in an administrative capacity.
2. Demonstrated understanding and acceptance of modern concepts and techniques in social work. Preferably the executive should be a graduate of an accredited school of social work, but other evidence of her possession of the required knowledge and attitudes toward social work, may be accepted in evaluating this qualification.

Duties

1. In relation to the Board (or other administrative authority):
 - a. To act as representative of the Board (or the appropriate administrative authority) in the administration of the maternity home in accordance with established policy.
 - b. To attend all meetings of the Board or Advisory Committee, and to serve as an ex-officio member of all Board committees. (Note possible exception to this provision in Sections II-330 and II-340.)

At such meetings, she must assume responsibility for (1) keeping the Board informed of the needs and program of the maternity home; (2) for interpreting modern concepts and practices regarding unmarried parenthood, the respective roles of Board and staff, and the effect which contemplated policy or other Board action would have upon the maternity home program; (3) for participating in all Board planning; and (4) for determining accurately, the wishes of the Board as it affects the administration of the program.

- c. To accept responsibility for consultation with Board members, either individually or in committees to increase their understanding of the maternity home's objectives and needs and thus enable them to make a maximum contribution to its program.

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- d. To prepare monthly and annual reports (preferably in writing), which provide statistical and other factual information relative to the service provided; analyze the import of this information; evaluate the degree to which the service meets the needs of the individuals served, and interpret the needs of those who require a service not provided.
- e. To prepare a tentative budget for the Board (or its Finance Committee) and operate the institution within the limits of the current budget.
2. In relation to the staff
- a. To accept responsibility for the recruitment, employment, evaluation, promotion, and dismissal of staff in accordance with established personnel policy; for the specific assignment of staff duties; for a continuous evaluation of the effectiveness of personnel policy to determine the need for change; and, in cooperation with staff, for the development of new or revised personnel policies to be recommended to the Board (or the appropriate administrative authority) for approval.
- b. To assume responsibility for the general supervision of all staff and for delegation of supervisory responsibility in accordance with the administrative structure of the maternity home.
- c. To develop an administrative plan and necessary procedures to insure clear definition of lines of responsibility, assignment of equitable work loads and a setting for creative effort.
- d. To provide stimulation and leadership to staff in a manner that will insure harmonious working relationships and effective performance of duties. To achieve this purpose, she must hold regular staff meetings and maintain a close working relationship with all staff including physicians and personnel in the hospital unit (if such is maintained). (See Section IV-500-Staff Development.) Her desire to have staff share responsibility for analysis and development of program and policy should be evident at all times.
3. In relation to the community
- a. To facilitate the availability of an integrated program of services for unmarried mothers, the executive must assume responsibility for establishing and maintaining good working relationships with other social agencies and health facilities. This must be a two-way process which includes an acquisition of current information about the programs of other agencies, a continuous interpretation of the program of the maternity

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home to other facilities, and a development of an effective pattern of inter-agency referral and coordinated activity on behalf of unmarried parents. (See Sections V-320 - 330.)

- b. To insure community understanding and support of the maternity home's program and a community-wide awareness of the services which the maternity home makes available for pregnant girls, the executive must assume responsibility for a continuous process of public interpretation of the maternity home's program -- through written material, speeches, community contacts, etc.
- c. To augment the quality and quantity of service available to unmarried mothers, the executive must assume an active role in community planning groups, and give leadership to the development of needed services.

IV-360 QUALIFICATIONS AND DUTIES OF STAFF -- ASSISTANT EXECUTIVE

Rule

A person who holds this title must meet the qualifications and perform the duties subsequently listed.

Personal Qualifications

In addition to the attributes required for all employees (see Section IV-350), the assistant executive must possess the personal qualifications initially listed for the executive, and show potentiality for the development of the abilities which an executive must possess (see previous section).

Education and Experience

1. A minimum of two years of successful experience in the field of social work, nursing, psychology or education, a part of which should have been in an administrative or supervisory capacity.
2. Demonstrated understanding and acceptance of modern concepts and techniques in social work. Preferably, the assistant executive should be a graduate of an accredited school of social work or of a school of nursing, with consequent ability to advise and assist the executive in the administration or supervision of a specialized service, not within the executive's particular area of competence. (See Sections V-400 - 880.)

Duties

1. To assume all duties of the executive in her absence.
2. To assist the executive in the administration of the maternity home and in the coordination of its services by recommending needed changes in policy and procedure, by preparing or assisting

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in the preparation of reports relative to the financial or service aspects of the program, and by performing other duties as assigned.

3. In maternity homes whose size and complexity of services do not warrant the employment of a full-time assistant to the executive, an employee who holds this title must perform the above duties, assume responsibility for the supervision of an appropriate department or service, and coordinate its functions with other phases of the program.

IV-365 QUALIFICATIONS AND DUTIES OF STAFF -- MEDICAL STAFF

Rules

Qualifications - General

Medical staff serving the hospital unit of a maternity home only, must meet the standards established by the State Department of Public Health. (See Section I-100 Licensing Jurisdiction -- State Departments).

Medical staff serving girls or infants receiving a residential or out-patient service must possess the personal attributes required for all staff employed in a maternity home (see Section IV-350). In addition, each member of this staff must be a graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association, and be licensed to practice medicine in California.

To insure the availability of the medical services required by Sections V-400 - 460 Medical and Nursing Care, each maternity home must secure, through employment, contract or other arrangement, the services of a physician who will fulfill the duties listed below:

1. As a member of the Medical Advisory Committee (see Section II-335), he must assume responsibility for initiating the development of policy (to be subsequently recommended to the Board or Advisory Committee for appropriate action) which will establish an acceptable standard of medical services and will facilitate the coordination of services provided by the maternity home and by other agencies and facilities in the community. (See Chapter V.)
2. As the person responsible for the medical care provided, he must develop (and recommend to the executive for establishment), an administrative plan and appropriate procedures which will insure (a) the availability of the quality of medical service mandated by policy, and (b) the maintenance of accurate and complete medical records. (See Sections V-400 - 460 and V-1030.) He must also formulate and recommend to the executive, a budget for the medical program (to be included in the total agency budget), and assume responsibility for insuring that periodic requisitions for the purchase of necessary medical supplies and equipment will be prepared. In addition, he must assist the executive (a) to secure

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the services of physicians and specialists (through employment or contracts) necessary to implement the medical program established; and (b) to develop a process through which the medical and other specialized services provided for an individual can be coordinated through joint planning and decision. (See Chapter V)

3. When appropriate to the staffing pattern, he must (a) take responsibility for developing plans for the assignment of appropriate and equitable workloads to the medical staff; (b) for arranging conferences with the medical and nursing staff to discuss administrative and medical problems; and (c) for acting as a consultant to the medical staff or securing the services of other consultants when unusual and difficult medical conditions develop.

IV-370 QUALIFICATIONS AND DUTIES OF STAFF -- NURSING STAFF

Rules

Each maternity home must employ one or more nurses who will perform all of the duties listed in this section.

Qualifications -- General

Nursing staff serving the hospital unit only, must meet the standards established by the State Department of Public Health. (See Section I-100 Legal Requirements -- Licensing Jurisdiction - State Departments.) Nursing staff with other duties must possess the personal attributes required for all staff employed in a maternity home. (See Section IV-350.)

Supervising Nurse (or other appropriate title)

Rule

To insure the availability of the nursing care required by Section V-400 Medical and Nursing Care, a nurse who meets the following qualifications must be employed to fulfill the duties listed for this position. (For purposes of clarity, the above title is used, but the actual title will be dependent on the administrative structure of the particular maternity home.)

Qualifications -- Minimum

1. Graduation from an accredited school of nursing; current registration with the Board of Nurse Examiners of the State Department of Professional and Vocational Standards.
2. Three years of nursing experience which has included some experience in which administrative, supervisory, and teaching ability has been demonstrated, and one year of obstetrical nursing with responsibility for the care of infants.
3. Knowledge of the principles, techniques, methods, literature, and new developments in the field of general nursing, and of those peculiar to obstetrical nursing and to the care of infants.

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4. Knowledge of administrative, supervisory, and teaching practice and procedure, with an ability to formulate policies and standards relative to nursing services, to plan and direct the nursing service and the health instruction program of the maternity home, to teach and secure effective services from other members of the nursing staff, to develop a good working relationship with the medical staff, and with the staff providing related services.

Qualifications -- Additional

If her duties include responsibility for any direct service to girls and infants not receiving care in the hospital unit, this nurse must also possess the personal qualifications listed for a staff nurse. (See subsequent classification.)

Duties -- Minimum

1. As a member of the Medical Advisory Committee (see Section II-335), she must assume responsibility for initiating the development of policy (to be subsequently recommended to the Board or Advisory Committee for appropriate action) which will establish an acceptable standard of nursing service and will facilitate the coordination of services provided by the maternity home and by other agencies and facilities in the community. (See Chapter V.)
2. As the person responsible for the nursing care provided for persons resident in the maternity home, she must develop (and recommend to the executive for establishment), an administrative plan and appropriate procedures which will insure (a) the availability of the quality of nursing service mandated by policy, and (b) the maintenance of accurate and complete nursing records. (See Sections V-400 - 460 and V-1030.) She must also formulate and recommend to the executive, a budget for the nursing program (to be included in the total agency budget) and assume responsibility for insuring that periodic requisitions for the purchase of necessary nursing supplies and equipment will be prepared.

In addition, she must take responsibility (a) for assisting the executive to secure a nursing staff equipped to implement the nursing program established; (b) for making assignments of appropriate and equitable workloads to the nursing staff; (c) for keeping abreast of new developments and techniques in general and obstetrical nursing, and adapting them to use in the maternity home; (d) for arranging conferences with the medical and nursing staff to discuss administrative and nursing problems; (e) for supervising the job performance of other nurses and nurse's aides, evaluating the quality of nursing service provided, and devising methods for improvement; (f) for coordinating the nursing service with the total program of the maternity home; and (g) for implementing a plan through which (1) pregnant girls can receive instruction in the hygiene of pregnancy; (2) unmarried mothers, who plan to keep their babies, can receive instruction and

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supervision in the care of their babies; and (3) adequate nursing service can be constantly available to girls resident in the maternity home.

Duties - Additional

If this nurse is the only full-time employee in this professional class, she must also assume responsibility for the duties listed for a staff nurse. If her supervisory and administrative functions do not constitute a full-time job, when other full-time nurses are employed, she must fulfill in part, the duties of a staff nurse.

Nurse (Staff)

Rules

Each nurse who provides a direct service to girls and infants in the residential quarters must meet the qualifications and perform the duties for this position:

Qualifications -- Minimum

1. Graduation from an accredited school of nursing; current registration with the Board of Nurse Examiners of the State Department of Professional and Vocational Standards.
2. Ability to form supportive relationships with the girls and women in residence or receiving an out-patient service, and to function in a team-work relationship with other members of the staff of a maternity home. Ability to share with other members of the staff a responsibility for the care of a girl and to share responsibility for the care of a child with his mother.
3. Ability to understand the various emotional reactions of pregnant girls and unmarried mothers, to detect abnormalities which indicate the need for referral to a physician and/or a caseworker, and to alleviate the fear of childbirth.

Qualifications -- Additional

If the nurse employed in or assigned to the residential quarters, is the only full-time employee in this professional class, she must meet fully, the additional qualifications listed for the supervising nurse. When full responsibility for the nursing care provided for persons in residence is assigned to a nursing staff serving the residential quarters only, one of these nurses must meet the qualifications described for a supervising nurse.

Duties -- Minimum

1. To provide nursing care when needed, during the prenatal and post-partum period and to provide or supervise the care of infants following their removal from a nursery for the newborn.

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2. To provide supportive help and assist in the psychological and emotional preparation for childbirth and if indicated, for the proper care of an infant.
3. To interpret to individual girls or to groups of girls, the hygiene of pregnancy, the physiological changes which occur, the events and the procedures used in examination and childbirth, the importance of proper diet and nutrition, etc., and to instruct mothers who plan to keep their babies, in proper methods of infant care.
4. To take medical history and assist in examination and treatment when this assignment is appropriate to the staffing pattern of the maternity home.
5. To be alert to changes in the patient's physical and emotional condition, to report significant changes to the appropriate physician and/or caseworker and to make arrangements for admission to the hospital unit, or another hospital facility when this is within her assigned function.
6. To make appropriate entries in the medical record of each girl or woman served and in the health history of each infant supervised.
7. To work in cooperation with the caseworker and other members of the staff for the total well-being of the girls and infants served.

Duties -- Additional

If the nurse employed in or assigned to the residential quarters is the only full-time employee in this professional class, she must also assume responsibility for the administrative duties listed for the supervising nurse. If the duties listed for a supervising nurse are not fulfilled by a nurse employed in a hospital unit maintained by the maternity home, one of the nurses employed in or assigned to the residential quarters must take responsibility for the supervision of other nurses or nurse's aides serving persons in residence and must assume responsibility for the administrative and supervisory duties listed for the supervising nurse.

Nurse's Aide or Practical Nurse

Rule

Qualifications

1. Graduation from high school or completion of an accredited course in practical nursing. Supervised experience as a practical nurse or as a nurse's aide in a hospital setting, is desirable.
2. Ability to learn and to work under supervision.
3. Ability to maintain friendly relationships with girls resident in the maternity home or receiving an out-patient service, without assuming the assigned functions of other members of the staff.

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Duties

To perform assigned duties under the supervision of a physician or registered nurse in providing nursing care for girls and infants.

IV-375 QUALIFICATIONS AND DUTIES OF STAFF -- CASEWORK STAFF

Rule

Every maternity home must secure the services of staff which can meet the qualifications and perform the duties listed in this section. See Sections IV-300 and V-500.

Personal Qualifications - General

In addition to the attributes required for all employees (see Section IV-350), each member of the casework staff must possess the following qualifications:

1. Deep and sympathetic understanding of the problems involved in pregnancy out-of-wedlock and in unmarried motherhood; acute awareness of her own feelings about sexual deviation, illegitimacy, adoption, and related problems; freedom from any personal need to impose her own values on persons served, particularly in areas relative to the future of a child; true respect for individuals, and a firm conviction about their right of self-determination.
2. Unusual sensitivity to the feelings of others; ability to establish a professional relationship quickly; and capacity to sustain a relationship which can become the basis for a helping process.
3. Ability to work comfortably within the framework of established policy and procedure, and to function in a team-work relationship with other members of the staff and with staff employed in other social agencies.

Casework Supervisor

Rule

If the size of the casework staff (see Section IV-440) warrants the employment of a person in this classification, she must meet the qualifications and perform the duties subsequently listed.

Qualifications -- Additional

1. Successful completion of a two-year curriculum in social casework or in social group work in a graduate school of social work accredited by the Council on Social Work Education.
2. A minimum of three years within the last ten years of successful paid experience in working with unmarried mothers, and some experience in planning, supervising, and coordinating the work of

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other caseworkers. Two years' experience as a social group worker in a maternity home may be substituted for two years of the paid experience required, in the event that all other qualifications can be met.

3. Thorough knowledge of the casework process, of medical information, and of the literature in the field of social work, and in casework with unmarried mothers. Knowledge of the practice of social group work is desirable.
4. A good working knowledge of supervisory and administrative practice, with ability to formulate policy and procedure; to plan and direct the provision of sound casework service; to secure effective service from members of the casework staff; to develop good working relationships with other social agencies and community groups; and to interpret the program of the maternity home effectively. Ability to plan and direct a sound program of group activities is desirable.

Duties

1. As a member of the medical Advisory Committee (see Section II-335), she must assume responsibility for initiating or participating in the development of policy (to be subsequently recommended to the Board or Advisory Committee for appropriate action) which will facilitate the coordination of the casework service of the maternity home with the medical and nursing services provided in the maternity home and in other community facilities. (See Sections V-200 -720.)
2. As director of the casework service, she must take primary responsibility for (a) developing and recommending to the executive, policy which will govern the casework service; and (b) for assisting the executive in developing policy and procedure which will be administered in whole or in part, by the casework staff. (Admission policy, referral policy, use of the Social Service Exchange, use of non-resident living arrangements, application of the fee schedule, etc.) If requested by the executive, she must accept responsibility for preparing and presenting material to illustrate the need for such policy to the Case Policy and Finance Committees of the Board or Advisory Committee. She must also develop (and recommend to the executive for establishment), an administrative plan and appropriate procedures which will insure (a) the availability of the quality of casework service mandated by policy (see Section V-500), (b) the maintenance of adequate case records for each girl accepted for service or served by the casework staff (see Section V-1020), and (c) the maintenance of necessary statistical records and the compilation of statistical reports (see Section V-1010). She must also acquire from other agencies and health facilities, an accurate knowledge of the services they provide and when appropriate, assist the executive in developing agreements with agencies which can supplement the services of the maternity home. (See Section V-320 Referral Policies and Procedures.) If requested by the executive, she must (a) formulate a tentative budget for the casework service, (estimating the amount required for salaries and travel of the casework staff, equipment, supplies, and the assistance of girls who are without other available resources), (b) prepare reports

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and written material or address groups to interpret the program of the maternity home, or the casework service it provides, and (c) represent the maternity home at meetings of social agencies, or social workers.

3. As supervisor of the casework staff, she must take responsibility (a) for assisting the executive to secure caseworkers equipped to provide the casework services established; (b) for making assignment of appropriate and equitable workloads to the casework staff; (c) for keeping abreast of current thinking in the field of social work and adapting new concepts for use in the maternity home; (d) for arranging individual and group conferences with the casework staff and when indicated, with other members of the staff of the maternity home; (e) for supervising the job performance of the casework staff, evaluating the quality of service provided and devising methods for improvement; and (f) for coordinating the casework service with the total program of the maternity home.
4. If the size of the casework staff is such that the administrative and supervisory functions described above, do not constitute a full-time job, she must assume some responsibility for providing a direct casework service. (Since her on-going administrative and supervisory duties will make unforeseeable demands upon her time, acceptance of responsibility for intake interviews will usually constitute the best choice of additional duties, though the lesser competence of other caseworkers may indicate a need for her to accept responsibility for providing a continuing service to some girls in residence, who evidence severe emotional disturbance.)
5. If members of the group work staff (see Section IV-350) are assigned to work under her direction, she must assume additional administrative and supervisory responsibilities which reflect her concern with the total program of group activities included in the resident program of the maternity home (see Sections V-800 - 880).

Caseworker

Rule

Staff providing a casework service under the auspices of a maternity home must perform the duties subsequently listed, and meet fully, all qualifications pertinent to their employment status on the effective date of these Standards.

Qualifications - Minimum

1. New employees should have completed, successfully, a two-year curriculum in social casework in a graduate school of social work, accredited by the Council of Social Work Education, but must have completed at least one-half of the curriculum in a school of this type.

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2. A minimum of two years within the last ten years of successful full-time paid employment in a casework capacity in the field of family or child welfare, with some experience in working with unmarried mothers; or a minimum of one year's experience of this type, if the full curriculum of an accredited graduate school of social work has been completed.
3. Knowledge of the casework process, of medical information and of the literature in the field of social work and in casework with unmarried mothers.
4. Ability to learn, and to accept and use supervision.
5. Ability to share with other members of the staff, a responsibility for the service provided for a girl and her infant.

Qualifications -- Additional

If only one person is employed in this professional class, a new employee must meet fully, the qualifications listed for the casework supervisor. If two or more caseworkers are employed, one person in this classification must meet the qualifications listed for a casework supervisor.

Duties -- Minimum

1. Under supervision, to provide a casework service consistent with the policies and procedures established. See Section V-200 Admission Policies and Procedures; Sections V-300 - 340 Other Policies and Procedures; Sections V-500 - 550 Casework Service; and Sections V-700 - 720 Use of Non-Resident Living Arrangements.
2. To interpret to other agencies or individuals, the admission policy of the maternity home, and what it would be like for a particular girl to use the resident or out-patient services provided. See Sections V-200 and V-510.
3. To explore for girls and infants served, the availability of appropriate services provided by other agencies and facilities and develop plans for referral in accordance with established policy and procedure. See Sections V-320 - 330.
4. Through conferences with appropriate members of the staff, to coordinate for a girl served, the total services provided by the maternity home. See Sections V-400 - 900.
5. When this is a service provided by the maternity home, to take responsibility for the development of non-resident living arrangements for girls who require a plan of this type. See Sections V-700 - 720.
6. To establish and maintain an adequate case record for each girl served.

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7. To comply with established procedure for the maintenance of statistical records. See Section V-1010.
8. To make recommendations to the Case Supervisor (or Executive) relative to changes in policy and procedure which would improve the quality of service provided by the maternity home.

Duties -- Additional

If a caseworker is the only employee in this professional class, she may be expected to assume all duties listed for the Case Supervisor (except those pertaining to the recruitment and supervision of other caseworkers). If the executive fulfills the duties of the casework supervisor, one or more employees in this classification may be asked to assist the executive in developing policy and procedure, in preparing reports and interpretative material, and in performing other duties as assigned.

IV-380 QUALIFICATIONS AND DUTIES OF STAFF -- GROUP WORK STAFF

Rule

Every maternity home must secure the services (through employment, assignment, or other arrangements) of one or more persons who meet the qualifications and fulfill the duties listed in one of the job classifications named in this section.

Social Group Worker

Rule

Qualifications

A social group worker must possess the attributes required for all employees (see Section IV-350), the general qualifications listed for the casework staff, and the following qualifications:

1. Successful completion of a two-year curriculum in social group work, (or in social casework if this curriculum has included field work and a substantial number of courses in group work) in a graduate school of social work accredited by the Council on Social Work Education.
2. A minimum of two years within the last ten years, of successful experience in a social agency, which shall have included at least one year in the practice of social group work. Experience in an institutional setting is desirable.
3. Thorough knowledge of the group work process, and of the literature in the field of social work, and in social group work. Familiarity with modern social work concepts relative to the problems and treatment of unmarried mothers.

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4. Ability to work in close cooperation with other members of the staff; to participate in the development of plans for the shared and separate responsibilities to be carried by various members of the staff in serving girls in residence; and to work within defined limits with respect to the treatment of individual girls.
5. Ability to plan, and facilitate group activities designed for purposes of education, recreation, or treatment.
6. Ability to understand the structure of a group, and the needs of individuals expressed by their behavior in group activities; to help activity groups achieve their purposes; and to help develop a social climate in the maternity home, which will enable individual girls to become "more effective social beings."*

Duties

1. Under the supervision of the Executive or the Casework Supervisor, to develop a pattern of group activities which will meet the educational, recreational, and religious needs of the girls resident in the maternity home.
2. To recruit, supervise, and coordinate the work of volunteers when their services are needed in the program of group activities.
3. To interpret to other members of the staff, the personal and social needs disclosed by girls in group sessions, or in individual conferences related to group activities.
4. To participate in the development of integrated staff plans to help individual girls achieve a better personal and social adjustment.
5. To take responsibility for helping to provide experiences, which will foster the personality growth of individual girls, through a group process which can meet their needs for acceptance and a sense of "belonging," for expressing and modifying their feelings about others and about society in general, for experiencing emotionally satisfying relationships, for optimum self-direction, for expression of individual capacities, and for recognition of skills, competence and increasing social responsibility.

*Gertrude Wilson -- Measurement and Evaluation of Social Group Work Practice, -- The Social Welfare Forum, 1952 - Columbia University Press.

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6. To take responsibility for fulfilling an educational role in the teaching of crafts and skills; for "friendly counseling"; for acting as a leader or "enabler" in group sessions, and as a "limiter" when the behavior of an individual girl imperils the achievement of the group's purpose or her acceptance by the group. (See Sections V-800 - 880 Resident Program.)
7. To assist the executive (through appropriate channels) in understanding the nature of the group process, and in developing policy and procedure which will facilitate the development of a social milieu in which girls "can take appropriate responsibility and develop constructive patterns of personal and community living."*

Recreation Worker or Group Worker

Rule

In addition to the attributes required for all employees (See Section IV-350), a recreation worker (or group worker) must possess the following qualifications:

1. College graduation with specialized training in recreation, guidance, counseling, education, or social work.
2. A minimum of two years within the last ten years of successful paid experience in a recreation or group work agency with demonstrated ability to teach crafts and other skills and to direct recreational activities. Experience in a social casework agency, desirable.
3. Knowledge of the principles, techniques and literature in supervised recreation and group dynamics. Familiarity with and acceptance of modern social work concepts relative to the problems and treatment of unmarried mothers.
4. Ability to approximate the additional qualifications listed for a social group worker.

Duties

1. Under the supervision of the Executive, Case Supervisor, or Social Group Worker, to develop a pattern of group activities to meet the educational, recreational, and religious needs of the girls resident in the maternity home.
2. To recruit, supervise and coordinate the work of volunteers when their services are needed in the program of group activities.
3. To teach crafts and skills and facilitate the plans developed for educational and recreational activities, and religious observances.

*Gertrude Wilson -- unpublished material prepared for use in these Standards.

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4. To the extent possible, to perform the additional duties listed for a "Social Group Worker."

IV-385 QUALIFICATIONS AND DUTIES OF STAFF -- CLERICAL STAFF

Rules

Every maternity home must employ staff in this general classification, but the administrative structure of the maternity home, the number of persons served, and the size of the total staff will determine the identity of the job classifications required.

The services of girls served by the maternity home must not be used in any clerical work which will necessitate access to confidential information. Since all identifying information relative to persons served is confidential, the services which can be performed by girls in residence will be extremely limited.

Provision must be made for some pattern of job specifications which includes the total duties listed in the classifications included in this section. When duties listed are combined or subdivided, the qualifications established for each classification must meet the requirements set forth in Section IV-300.

Personal Qualifications -- General

Rule

In addition to the attributes required for all employees, (see Section IV-350), each member of the clerical staff must possess the following qualifications:

1. Capacity to protect the confidentiality of information available to them through the records of the maternity home, and through the performance of assigned duties.
2. Ability to work within defined limits without assuming the functions or responsibilities of other members of the staff.
3. Ability to use tact and courtesy in all contacts with other members of the staff, with persons using the services of the maternity home, and with the general public, even when assigned work is interrupted.

Bookkeeper

Rules

Qualifications -- Additional

1. Graduation from high school and/or a commercial course with successful completion of courses in bookkeeping, accounting, business English, arithmetic and typing.

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2. One year's successful experience as a bookkeeper with duties similar to those performed in the maternity home.
3. Ability to maintain a double-entry bookkeeping system; to understand the basic elements of accounting, statistical reporting, and business procedures; to calculate payroll amounts, payroll taxes, and patients' accounts; to type and operate business office machines, and to supervise the work of other clerical persons.

Duties

1. Under supervision of the executive, to be responsible for the receipt, banking and disbursement of all funds.
2. To maintain or supervise the maintenance of a complete and systematic set of records showing all financial transactions in the maternity home (including a general ledger as well as records dealing with patients' accounts, vendors' accounts, cash receipts, bank deposits, bank reconciliations, payroll and other disbursements).
3. To maintain a detailed record of budget estimates and expenditures, advise the executive of the current relationship of actual expenditures to budgeted amounts, and assist the executive in the computation of operating costs and in the formulation of a tentative budget for the coming year.
4. To assist the executive in formulating financial policy and procedure.
5. To maintain necessary statistical records and prepare periodic financial and statistical reports as required.
6. To train and supervise the work of other clerical employees, when appropriate.
7. To maintain an inventory of supplies and equipment required by the clerical staff, to recommend the purchase of needed supplies and equipment, and to arrange for purchase of such supplies on authorization of the executive.

Receptionist -- Clerk-Typist

Rules

Qualifications - Additional

1. Graduation from high school and/or a commercial course with successful completion of courses in typing and English. Successful experience in a similar capacity desirable. Preferably such experience should have been in a hospital or social agency.
2. Ability to type at a minimum of 35 words per minute, to use correct grammar, spelling, and punctuation, and to operate a switchboard, if assigned duties require this skill. Knowledge of medical and social work terminology desirable.

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3. Ability to learn and to use accurately, information concerning the policies and procedures which govern the divulging of information, the location and function of various departments, and the names of appropriate supervisory personnel.
4. Ability to answer questions tactfully and intelligently.

Duties

The size and administrative structure of the maternity home will determine the duties of staff employed in this classification, or in a subgrouping of this class. In most maternity homes, however, these employees must assume responsibility for the duties listed below, either on a continuing basis, or in a relief capacity:

1. To direct applicants for service, or visitors to appropriate offices or visiting rooms; to answer inquiries relative to a patient's condition and progress; to receive and deliver messages, packages, etc.
2. To act as telephone operator or as a relief operator.
3. To perform a variety of clerical tasks such as sorting and distribution of mail; filing correspondence, reports and records; typing letters, forms, reports, and cards from rough draft and corrected copies; posting medical and financial information to permanent record cards; etc.
4. If time permits, to type case records and medical reports from cylinders and rough drafts; to cut stencils on typewriter, and operate a mimeograph machine.

Stenographer

Rules

Qualifications -- Additional

1. Graduation from high school and/or a commercial course with successful completion of courses in shorthand, typing, and English. Experience as a clerk-typist in the maternity home or a social agency, desirable.
2. Ability to take dictation in shorthand and to transcribe notes accurately; to type at a minimum of 45 words per minute; to use correct grammar, spelling, and punctuation. Knowledge of medical and social work terminology and of mathematics, desirable.

Duties

1. To act as secretary to the executive by assisting with clerical and administrative details; taking her dictation; filing correspondence; answering simple telephone and personal inquiries; scheduling her appointments; preparing routine reports and performing related duties as assigned, and/or

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2. To take dictation from other professional members of the staff, and to type case records, letters, reports from shorthand notes or from cylinders. (One stenographer should be employed to act as secretary to the executive and additional stenographers may be required if the maternity home has no dictaphone equipment. See Section IV-400 Determination of Staff Requirements -- Clerical Staff.)

Typist (or Dictaphone Operator)

Rules

Qualifications -- Additional

1. Graduation from high school and/or a commercial course with successful completion of courses in typing and English. Experience in a clerical capacity in a maternity home, hospital, or social agency, desirable.
2. Ability to type at a minimum of 40 words per minute and to use correct grammar, spelling, and punctuation. Knowledge of medical and social work terminology desirable.

Duties

1. To type from long-hand or transcribe from cylinders (or belts), material for case records, medical histories, reports, letters, etc.; to cut stencils for mimeograph, if this duty assigned.
2. To perform related clerical duties, as assigned.

IV-390 QUALIFICATIONS AND DUTIES OF STAFF -- HOUSEKEEPING AND MAINTENANCE STAFF

Rules

Every maternity home must make provision for some pattern of job specifications which includes the total duties listed in the classifications which follow. When the duties listed are combined or subdivided, the qualifications established for each classification must meet the requirements set forth in Section IV-300.

Administrative Housekeeper

Rules

Qualifications

The attributes listed for all employees (see Section IV-350) are of particular importance for an administrative housekeeper. In addition, she must possess the following qualifications (unless otherwise indicated):

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1. Preferably she should be a college graduate with a major in Nutrition or Home Management.
2. A minimum of one year's successful experience in a similar capacity in a maternity home, children's institution, college or school, desirable. Other experience in working with adolescents in a social agency or institution, helpful.
3. Knowledge of acceptable housekeeping and homemaking standards, and demonstrated ability to maintain a home.
4. Knowledge of proper nutrition, of methods to determine the quality and quantity of food required; of menu formulation, and of efficient practices in the purchase, preparation, and serving of food.
5. Age and health which permit vigor and vitality, a youthful point of view, and an ability to approach the problems of unmarried motherhood, with understanding and sympathy.
6. Emotional maturity with freedom from the tensions which produce anxiety and irritability under pressure; ability to exercise sound judgment, even in moments of crisis; and to accept calmly, any deviation from usual procedures.
7. Real understanding and acceptance of human behavior, and an ability to work successfully with individuals, and with a group.
8. True identification with the objectives of the maternity home, with ability to work toward these objectives without assuming the functions and responsibilities of a caseworker, or of other professional members of the staff.
9. Ability to learn the assigned and inherent functions of professional staff, and to work cooperatively with them.

Duties

1. Under the supervision of the executive, to assume responsibility for maintaining the residential quarters in an orderly and cleanly manner, without sacrifice of a comfortable and home-like atmosphere.
2. To maintain a continuing inventory of food, linens, cleaning supplies, and equipment; to recommend to the executive, the purchase of needed supplies and equipment, and to implement the economical purchase of authorized household supplies and equipment.
3. To assume responsibility for recommending to the executive, the formulation of policy and procedure which will improve the efficiency of the household operation, or augment the comfort and enjoyment of the girls in residence.
4. To assist the executive in securing the services of other house staff of the calibre required; to develop plans for the assignment of employed staff

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responsible to her; and to teach and supervise the job performance of this staff.

5. In cooperation with professional staff (caseworker, nurse, and perhaps the social group worker) to develop plans for the assignment of resident girls to household chores (see Section V-840 Work Assignments) in accordance with established policy and procedure; to provide a learning experience for girls so assigned, either through her direct efforts, or through a supervised process in which another member of the house staff assumes a primary teaching role; to teach if necessary, the proper care of sleeping quarters, and to devise methods through which a reasonable degree of orderliness and cleanliness is maintained, without infringement on a girl's comfort and ability to enjoy her own room. (See Section V-870.)
6. To take primary responsibility for insuring that each meal is well-prepared, attractively served, and planned to meet the nutritional needs of pregnant girls and unmarried mothers.
7. To recognize the need for consultation, and to request and use this service, when the help of a home economist, caseworker, social group worker or nurse is indicated in the performance of her assigned duties.
8. To be alert to significant behavior and to changes in a girl's physical and emotional condition; to report these observations to appropriate professional staff (caseworker, nurse, or social group worker); to refer girls to professional staff, when attempts are made to discuss problems outside her area of competence, and to cooperate with professional staff in implementing plans for the care and treatment of an individual girl.

Cook

Rules

Qualifications

Because of her significant role in the maternity home, the cook must meet fully the qualifications established for all employees (see Section IV-350) in addition to the following qualifications:

1. Education sufficient to insure an ability to read, write, make simple calculations and to follow oral and written instructions.
2. At least one year's experience as a cook in a hospital, restaurant, hotel, school cafeteria, or other extensive experience in cooking for large groups, with some responsibility for supervising the work of others.
3. Knowledge of foods and their preparation; ability to estimate food requirements, and cooking time required to serve meals on schedule; willingness to expend time and energy in the preparation

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and serving of palatable and attractive meals; ability to plan economical meals without undue repetition and without waste of food; knowledge of economical purchasing practices and of efficient use of modern kitchen equipment.

4. Ability to work under supervision, while assuming maximum responsibility in the performance of assigned duties.
5. Ability to establish good working relationships with others and to secure effective service from persons supervised.
6. Age and health which permit vigor and vitality, a youthful point of view, and an ability to approach the problems of unmarried motherhood, with understanding and sympathy.
7. Emotional maturity with freedom from the tensions which produce anxiety and irritability under pressure; real understanding and acceptance of human behavior.
8. Acceptance of the objectives of the maternity home, with ability to sustain a friendly relationship with resident girls without assuming the functions and responsibilities of a caseworker or of other professional members of the staff.

Duties

1. Under the supervision of the administrative housekeeper, to plan weekly menus; to maintain a continuing inventory of food; to determine the nature and amount of additional food required; to purchase authorized food; to assume primary responsibility for the preparation and serving of meals; to insure the sanitary condition of the kitchen, and of food stored or served; to recommend the purchase of needed equipment.
2. To teach and supervise other staff employed in the kitchen, and resident girls assigned to kitchen and dining room chores.
3. To report to the administrative housekeeper any significant behavior of girls supervised, and any significant changes in their physical or emotional condition.

Laundress

Rules

Qualifications

In addition to the attributes required for all employees (see Section IV-350), the laundress must possess the following qualifications:

1. Education sufficient to insure an ability to read, write, make simple calculations and to follow oral and written instructions.

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2. Knowledge of proper methods of operating modern laundry equipment, of washing and ironing different types of textiles, and removing various stains.
3. Ability to work under general supervision; to maintain good working relationships with others; and to teach and supervise the performance of others.
4. Age and health to permit the performance of heavy work, and a youthful point of view.
5. Emotional maturity with freedom from the tensions which produce anxiety and irritability under pressure.
6. Ability to maintain a friendly relationship with resident girls, without assuming the function and responsibilities of a caseworker, or of other members of the staff.

Duties

1. Under the supervision of the administrative housekeeper, to assume responsibility for the washing, cleaning and ironing of clothing, linens, and other household articles.
2. To perform any heavy laundry work (lifting, particularly) which should not be done by a pregnant girl or unmarried mother.
3. To teach and supervise any employed staff or resident girls, assigned to laundry duties.
4. To maintain a continuing inventory of laundry supplies; to recommend to the administrative housekeeper, the purchase of additional supplies and equipment; to inspect and keep in good running order, all laundry equipment used and to report the need for repairs and replacement to the administrative housekeeper.
5. To report to the administrative housekeeper, any significant behavior of girls supervised, and any significant changes in their physical or emotional condition.

Maintenance Man

Rules

Qualifications

In addition to the qualifications established for an employees (see Section IV-350), a maintenance man must possess the following qualifications:

1. Experience in operating and maintaining equipment used in the maternity home. If steam boilers are used for heating purposes, he must fulfill appropriate experience requirements for license as a stationary engineer.

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2. Ability to operate equipment, safely and efficiently; to make minor repairs to building and equipment; and to perform heavy work as required.
3. Ability to follow oral instructions and to work under supervision while assuming maximum responsibility for self-direction.
4. Ability to maintain good working relationships with other members of the staff. Ability to refrain from expressing curiosity regarding the experience or problems of the girls in residence.

Duties

1. Under the general supervision of the administrative housekeeper, to assume responsibility for the operation of the heating plant, and for the maintenance and minor repair of the building and equipment.
2. To perform heavy household duties, as assigned (scrubbing, cleaning, window washing, lifting garbage cans, etc.)
3. To maintain a continuing inventory of maintenance supplies; to recommend to the administrative housekeeper, the purchase of needed supplies and equipment; to report the need for extensive repair to plant and equipment (in excess of his competence); to purchase authorized supplies and equipment, on request.

Yard-Man (Grounds-Keeper)

Rules

Qualifications

In addition to the attributes required for all employees (see Section IV-350), the yard-man (or grounds-keeper) must possess the following qualifications:

1. Ability to use the equipment required in performance of duties, to determine the equipment and supplies needed, and to perform the duties assigned.
2. Ability to follow oral instructions and to work under supervision while assuming maximum responsibility for self-direction.
3. Ability to maintain good working relationships with other members of the staff. Ability to refrain from expressing curiosity regarding the experience or problems of the girls in residence.

Duties

1. Under the general supervision of the executive, to assume responsibility for the care and maintenance of the grounds of the maternity home.

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2. When directed, to plant and/or maintain flowers, lawns, shrubs, and trees; rake and burn leaves and refuse; repaint and repair outdoor chairs, tables and benches; and perform related duties, as assigned.
3. To maintain a continuing inventory of supplies and equipment needed for the grounds; to recommend to the executive, the purchase of supplies and equipment; to report the need for extensive repair of equipment; and to purchase authorized supplies and equipment, at the request of the executive.

IV-395 QUALIFICATIONS AND DUTIES OF STAFF -- SPECIALISTS

Psychiatrist

Rules

Qualifications

A psychiatrist whose services are made available under the auspices of a maternity home must meet the following qualifications:

1. Graduation from a medical school approved by the Council on Medical Education and Hospitals; licensed to practice medicine in California, and eligible for certification by the American Board of Psychiatry and Neurology.
2. A minimum of two years' experience as a psychiatrist in a child guidance or mental hygiene clinic, or as a consulting psychiatrist to another social agency.
3. Knowledge of, and respect for, the profession of social work, and a willingness to work cooperatively with members of the casework staff.
4. Sympathetic understanding of the problems involved in pregnancy out-of-wedlock, acute awareness of his own feelings about sexual deviation, illegitimacy and adoption; freedom from any personal need to impose his own values on persons served, particularly in areas relative to the future of a child; true respect for individuals and a firm conviction about their right of self-determination.
5. Unusual sensitivity to the feelings of others; ability to establish a professional relationship quickly, and to form valid diagnostic impressions in one or two interviews.

Duties (See Sections V-600 - 610)

Dependent on the services required by a particular maternity home, he may be expected to assume one or more of the following roles:

1. As an interpretive consultant to the staff, to review pertinent material secured by the caseworker, to interpret its meaning in

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terms of motivation and probable significance, and to participate in the formulation of plans for casework treatment, for future living arrangements of the girl and her child, etc.

2. As a diagnostic consultant to the staff to conduct interviews with girls referred for diagnostic purposes, to interpret the significance of material secured, and to participate in the formulation of plans for casework treatment, for future living arrangements of the girl and her child, etc.
3. As a therapist, to accept responsibility for the treatment of girls who show severe emotional disturbance when referrals are made for this purpose by a member of the medical and/or casework staff. (In most instances, however, this service will be obtained from a Mental Hygiene Clinic.)

Psychologist

Rules

Qualifications

A psychologist whose services are made available under the auspices of a maternity home must meet the following qualifications:

1. A Master's Degree in Clinical Psychology from a college or university accredited by the American Psychological Association, with practicum courses in administering individual intelligence tests. A Ph. D. in Clinical Psychology (or completion of the required course work for this degree) is preferable.
2. A minimum of two years' successful experience as a psychologist in a child guidance clinic or mental hygiene clinic.
3. Sympathetic understanding of the problems involved in pregnancy out-of-wedlock; acute awareness of his own feelings about sexual deviation, illegitimacy and adoption; freedom from any personal need to impose his own values on persons served, particularly in areas relative to the future of a child; true respect for individuals and a firm conviction about their right of self-determination.
4. Unusual sensitivity to the feelings of others; ability to establish a professional relationship quickly, and to evaluate the emotional factors in a girl's responses, to determine the validity of test results obtained.

Duties

1. To give appropriate psychological tests to certain pregnant girls and unmarried mothers who are referred by the casework staff. See Section V-500 -- Casework Service and Section V-620 -- Psychological Service

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2. To interpret in writing the findings in tests given, evaluate the validity of the test results, and make recommendations in accordance with the reason for referral.

Chaplain or Religious Counselor

Rules

Qualifications

Any minister, priest, rabbi, or other religious leader whose services are provided under the auspices of the maternity home must meet the following qualifications:

1. Educational achievement prescribed by the religious order, national organization or church with which he is affiliated, or by the Board or Advisory Committee of the maternity home.
2. Extensive experiences in religious counseling, with demonstrated ability to work successfully with young people in groups and in individual contacts.
3. Real understanding and acceptance of human behavior; a sympathetic attitude towards the problems involved in pregnancy out-of-wedlock, and a religious philosophy which will permit the assumption of a supportive and helping role, without any need to inflict punishment or augment guilt.
4. A warm and friendly manner; freedom from any personal need to impose his own values on persons served, particularly in areas relative to the future of a child; true respect for individuals, and a firm conviction about their right of self-determination.
5. Knowledge of and respect for the profession of social work; knowledge of the function of a caseworker and a willingness to be of help to persons served by the maternity home, without assuming the role of the caseworker or of other members of the staff.
6. Ability to plan and conduct religious services which have beauty, dignity and warmth, can symbolize the comfort and strength to be derived from a satisfying religious experience, and will meet the spiritual needs of the particular group assembled.
7. Ability to plan and conduct informal group sessions, in which questions relative to religious concepts can be discussed, and the application of these concepts to problems of modern living, clarified.

Duties

1. In cooperation with the executive or an appropriate member of the group work staff, to plan and conduct religious services or group sessions for resident girls, in accordance with the

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policy established by the appropriate administrative authority, and/or the wishes of the girls in residence. (See Section V-820.)

2. To counsel with individual girls who indicate a desire for help in religious areas, either on direct request or in conferences with a caseworker.
3. When religious counseling has occurred (or is indicated), to work cooperatively with the caseworker or social group worker in the development and implementation of any plans which will affect a girl's living in the maternity home, her future living arrangements, or the care of her baby; or will involve contacts with her family, the father of her child or others. When such plans have been developed, to work with the girl and others, within the limits agreed upon, without assuming the responsibilities assigned to the caseworker or other members of the staff. To share with the caseworker any information which will be helpful to her in working with a girl and her family, and will not violate the confidential nature of the relationship existing between the girl and her religious counselor.

IV-400 PERSONNEL POLICY -- DETERMINATION OF STAFF REQUIREMENTS

Rules

Personnel policy must make provision for the employment of staff sufficient in number to insure a desirable quality of services at all times.

The physical plant, the number of persons served, the number of services provided directly, and the administrative structure will, of necessity, determine the number of employees required by a particular maternity home. Each maternity home, however, must develop a written policy statement which defines in some appropriate manner, the method through which its staff requirements will be determined for each of the following classification: Assistant Executive; Nursing Staff; Casework Staff; Group Work Staff; Clerical Staff; Housekeeping and Maintenance Staff. (See Sections IV-420 - 470.)

IV-410 DETERMINATION OF STAFF REQUIREMENTS -- RELIEF STAFF

Rules

To implement the policy established with respect to the number of hours worked, and the vacation and sick leave provided for employees (see Section IV-250 - Personnel Practice), provision must be made for the employment of sufficient staff to insure that necessary services will be available on a 24-hour basis.

Relief staff must be a part of the regular staff to insure familiarity with the program and with their assigned duties. Provision may be made, however, for a combination of duties for staff not employed during the regular work-day.

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Some staffing pattern must be developed to insure (a) that nutritious meals will be prepared and served regularly during seven days each week; (b) that adequate medical and nursing care will be available at all times; and (c) that some competent adult with necessary authority and skill will be on duty to take appropriate action when emergencies arise, and to provide necessary supervision on week ends, and at night.

IV-500 PERSONNEL POLICY -- STAFF DEVELOPMENT

Rules

Personnel policy must make provision for an orderly process designed (1) to develop to a maximum degree the potential competence of each employee; (2) to produce an integrated service by coordinating the job performance of all employees; and (3) to achieve a consistent improvement in the quality of service provided.

Policy must define the methods through which a continuous process of in-service training will be conducted for the benefit of all persons who participate in any phase of the program provided under the auspices of the maternity home. (See Chapter V - Program.) Provisions relative to such training must include part-time employees, specialists, teachers, and all other persons whose services are secured by the maternity home by contract, assignment, and other appropriate arrangements. (See Section IV-300-Personnel Policy - Employment of Staff.) Appropriate provision must also be made for the induction and training of volunteers, but the duties to which they are assigned will, of necessity, determine the identity of those who should participate with other staff in the regular process of in-service training (craft teachers, recreation leaders, etc.), and those for whom separate processes of induction and training will be desirable (transporters, etc.).

The written policy statement must include the following topics: Establishment of an Agency Manual; Induction; Conferences; Staff Meetings; Institutes, Conferences and Meetings of Related Groups; Educational Leave and Work Study Plans; and Literature. (See Sections IV-510 - 570.) If policy has not been developed in a particular area, the policy statement should reflect this fact. Suggestions for recommended practice are included in the sections which follow, but the nature of the policy to be established is not mandatory.

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CHAPTER V -- PROGRAM

V-100 GENERAL STATEMENT

Rule

The program of a maternity home must be treatment-focused and must constitute a concrete expression of the intent (1) to provide for a girl (or woman) pregnant out-of-wedlock a pattern of services which can meet her current needs and help her to achieve a more mature, satisfying and socially acceptable way of life; and (2) to provide for her baby the services necessary to insure (to the extent possible) a life of normal health and happiness.

In the sections which follow, certain elements essential to a modern program of maternity home care are set forth as mandatory requirements. Recommendations for desirable practice are included.

V-150 POLICIES AND PROCEDURES -- METHOD OF ESTABLISHMENT

Rules

The program and practice of each maternity home shall be governed by written policy statements formally approved by the Board and/or the appropriate administrative authority.

For each service provided, the statement of policy must define the purpose and intent of the service, the conditions under which it will be made available, and, in general, the way in which the service will be provided. (See Sections V-400 -- 800 in this chapter.)

Policy statements must also be developed to provide an administrative framework for the provision of these services. Policy must therefore be established on each of the following topics: Admission; Use of the Social Service Exchange; Referral; Establishment and Use of Fee Schedule; Discharge; and Records. (See Sections V-200; V-310--340; V-900; V-1010--1040.)

The practice of staff shall be in conformity with the principles established in these documents and all interpretation of the program must reflect the content of these policy statements.

To implement established policy, the executive must develop written statements which define for staff the procedures to be utilized in providing the established services. These procedures must be designed to insure a desirable quality of service, to facilitate a coordination of services, to conserve staff time, and to assure a reliable and predictable standard of practice.

V-200 ADMISSION POLICIES AND PROCEDURES

Rules

Each maternity home must establish or compile from pertinent sources written statements of policy and procedure which will constitute

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the basis for decision concerning the acceptance of each application and for interpretation of the maternity home program. (To girls requesting service, to other agencies and individuals attempting to locate a resource for a particular girl, and to the general public.)

If services are provided for girls not accepted for resident care, the policy statement must indicate clearly the provisions which govern eligibility to these services.

V-310 OTHER POLICIES AND PROCEDURES -- USE OF THE SOCIAL SERVICE EXCHANGE

Rule

Each maternity home must establish or compile from pertinent sources written statements of policy and procedure to govern the practice of staff in the use of the Social Service Exchange.

V-320 REFERRAL POLICIES AND PROCEDURES -- METHODS OF ESTABLISHMENT

Rule

Each maternity home must establish or compile from pertinent sources written statements of policy and procedure which will govern the practice of staff (a) in referring pregnant girls and unmarried mothers to other social agencies and health facilities, and (b) in defining the nature of the service to be provided by the maternity home when a simultaneous or subsequent service is provided by another agency or health facility.

V-340 OTHER POLICIES AND PROCEDURES -- ESTABLISHMENT AND USE OF A FEE SCHEDULE

Rules

Each maternity home must establish a fee schedule which can be used by the casework staff in determining the amount of reimbursement which each girl will be expected to make for the services she receives. Separate fees must be established for the different types of service provided (residential care, medical care, etc.).

V-400 MEDICAL AND NURSING CARE

Rules

Each maternity home must establish or compile from pertinent sources written statements of policy and procedure relative to the medical and nursing care to be provided for persons resident in the maternity home or accepted for an out-patient service. These statements must include the topics listed in Sections V-410 -- 450 and provision must be made for conformity with the requirements set forth in each section.

If policy specifies that the major portion of the medical and nursing care required by pregnant girls, unmarried mothers and infants in residence will be provided through a hospital unit maintained by the maternity home, the equipment, personnel, and quality of service

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provided in that unit must meet fully the standards established by the State Department of Public Health, and a current license for that unit, issued by the State Department of Public Health, must be in effect.

If policy makes provision for the use of other hospital or clinic facilities to provide in whole, or in part, the medical and nursing care needed by persons resident in the maternity home, arrangements must be made to secure appropriate services from (1) hospitals licensed by the State Department of Public Health, (2) hospitals which meet the standards established by the State Department of Public Health, if exempt by law from the licensing jurisdiction of that Department, or (3) professional persons who can meet the qualifications established for the medical and nursing staff employed by a maternity home. (See Sections IV-365 and 370.) The source from which necessary medical and nursing care is secured does not alter the responsibility of the maternity home to insure the availability of the services listed in this section.

V-410 MEDICAL CARE -- ADMISSION EXAMINATION

Rule

Policy must include the following requirements:

1. The medical and obstetric history of each pregnant girl accepted for care must be secured as soon as possible. When prior medical care has been received during pregnancy, a report from the examining physician must be obtained, if possible. (An exception to this provision may occur when current examination indicates that such a report would be of no value.)
2. A complete examination of each girl accepted for care must be made by the medical staff serving the maternity home. When a girl's need for resident care is emergent and immediate arrangements for a complete medical examination cannot be made, a physician or nurse must determine the possible presence of a communicable infection of any type. When admission occurs under these circumstances, a complete medical examination must be made as soon as practical.
3. Proper safeguards must be established to protect the health of other girls in residence whenever a girl is admitted to the maternity home prior to the completion of a complete medical examination, the receipt of reports on laboratory tests for communicable diseases, or the provision of any treatment necessary to insure the absence of communicable infection. (See Section III 520.)

V-420 MEDICAL CARE -- PRENATAL CARE

Rule

Policy must include provisions for the following services:

1. Dental examination and any repair, extraction, or treatment necessary to insure good health during pregnancy.

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2. Regular examinations during pregnancy, in accordance with standards established by the American Medical Association.
3. Treatment when any abnormal condition in pregnancy is detected; consultation with specialists, when indicated, and development of special arrangements for delivery whenever it is evident that unusual precaution or special procedures will be required. (Preferably all prenatal medical care should be provided by a specialist in obstetrics.)
4. A process through which the appropriate physician shares with other members of the staff (specialists, a case worker and/or supervising nurse), his recommendations for individual girls as they relate to diet, exercise, rest, specialized treatment, work assignments, plans for delivery, discharge, post-discharge medical care, etc., in order that joint planning and decision can occur, and the total service of the maternity home can be coordinated.
5. A process through which significant changes in the physical and emotional condition of a pregnant girl are reported to the appropriate physician and/or case worker by the resident nurse or another member of the resident staff.
6. Appropriate medical and nursing care when illness or symptoms of abnormality unrelated to the condition of pregnancy develop. Such care must include the development of arrangements for isolation whenever infection is present, or suspected, and for admission to the hospital unit or to an "outside" hospital when this step is necessary.
7. Interpretation of the hygiene of pregnancy, the physiological changes which occur, the events and the procedures used in examination and delivery, the importance of proper diet and nutrition, etc. (See Section V-830 -- Resident Program -- "Health Instruction.")
8. Supportive help in facing the experience of childbirth at the onset of labor and whenever needed in prior periods. Such help will customarily be provided by a resident nurse and/or a case worker in accordance with their defined functions. (See Sections IV-370 and IV-375 - Qualifications and Duties of Staff, and Section V-520 - Case Work Service.)
9. Prompt arrangements for admission to the hospital unit or another hospital facility at the onset of labor.

V-430 MEDICAL CARE -- DELIVERY

Rules

Policy must define the manner through which a delivery service will be provided for girls resident in the maternity home or accepted for out-patient service. For requirements relative to this service, see Section V-400.

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The working agreement established with any hospital to insure the availability of this service must include provision for a process through which information about the delivery experience, plans for discharge, and recommendations for the future care of the unmarried mother and her baby will be shared with appropriate staff in the maternity home (the executive, nurse, case worker or the physician responsible for the medical care provided). Similar provision must also be made in the policy established to govern the practice of staff in a maternity home, which provides a delivery service in a hospital unit which it maintains.

V-440 MEDICAL CARE -- POST-PARTUM CARE

Rule

Policy must include the following provisions:

1. Assurance that no mother will be required to see, feed, or care for her baby in the maternity home, unless this is her expressed desire, and that no mother will be deprived of these experiences without her specific request.
2. Assurance that the final plan for the care of a baby must result from the mother's own decision (although the help of a case worker will be available to her), and that no member of the staff will exert direct or indirect pressure on any mother to keep or to release her baby for adoption. (Indirect pressure is present when any staff member indicates in any way that the unmarried mother who nurses and/or keeps her baby is a more (or less) responsible person than the mother who releases her child for adoption.)
3. Assurance that no mother will be required to remain in either the hospital unit or the residential quarters of the maternity home for any specified period, and that the date of discharge recommended will be the joint decision of the attending physician and the case worker, based upon the mother's physical condition, her own wishes, and the plans developed for her future care and that of her baby.
4. Assurance that appropriate care will be available for any mother discharged from a hospital or hospital unit, until such time as she can regain her strength and can make plans for other living arrangements.

Specific assurance that any mother planning to keep her baby, or requesting additional time to make a decision in this regard, can obtain for herself and her baby appropriate care, medical supervision, treatment and instruction in proper methods of infant care in the residential quarters of the maternity home (or in another facility operated for this purpose) for the period of time required to implement her plans for the baby's care. (For some girls, the case worker may need to establish reasonable time limits in regard to the duration of such care.)

5. Provision for appropriate medical treatment and nursing care during the period that a mother and her child remain in the maternity home.

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6. Provision for a complete medical examination at the end of six weeks, if the mother wishes to avail herself of this service after discharge. When a medical problem is evident before this examination, provision of medical counselling and/or treatment if the mother wishes to use this service.

V-450 MEDICAL CARE -- CARE OF INFANTS

Rule

Policy must include the following provisions:

1. Care in a nursery for the newborn must meet the standards established by the State Department of Public Health.
2. Every baby must be held by a nurse or attendant while being fed unless the infant is taken to his mother for feeding purposes. Adequate time for sucking must be allowed. If the infant is not receiving care from his mother, it must be the assigned responsibility of a nurse or nurse's aide to hold, and give evidence of attention and affection to each baby at regular intervals. To the extent possible, a baby must be fed and held by the same person throughout the period of his care in the maternity home.
3. Provision for the usual removal of well babies from the newborn nursery, on or before the tenth day of life, with the expectation that babies to be placed in foster homes will be removed by the appropriate child placing agency before the expiration of this period, and that babies who will remain with their mothers will be transferred to a facility in which their mothers can assume total or partial responsibility for their care. (If possible, a "rooming-in" arrangement should be provided for these mothers and their babies in the residential quarters of the maternity home. If the plant does not permit this arrangement, these babies should receive care in a nursery available to their mothers, either in the residential quarters or in the hospital unit. See Section III-530.) Babies whose mothers are still uncertain of their plans may remain in a newborn nursery for a longer period if the mother is still receiving care in the maternity home while considering the possibility of an adoption placement.
4. Medical supervision of all infants not receiving care in a nursery for the newborn and appropriate medical treatment of any infant who shows symptoms of illness or physical abnormality. Such supervision must include (a) issuance of orders for feeding and for the preparation of formulae, and (b) development of arrangements for the isolation of any infant in residence who is found to have, or is suspected of having, a communicable condition. (Preferably medical service should be provided by a specialist in pediatrics.)
5. A process through which the appropriate physician shares with the case worker his recommendations and evaluations relative to each infant (desired changes in the feeding plan; physical and mental condition of the baby; recommended discharge date; post-discharge medical care; etc.) in order that joint planning and decision can occur.

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6. Supervision of the care of infants (not receiving care in a nursery for the newborn) by a registered nurse, who will also assume responsibility for helping their mothers to practice proper methods of infant care, and for referring to the appropriate physician, any infant care, whose progress or development is not satisfactory.

V-460 MEDICAL CARE -- MEDICAL AND NURSING RECORDS

Rule

Policy must make provision for the establishment and maintenance of adequate records for each girl who receives a medical service from a maternity home and for each infant born in, or brought to, the facility. (See Section V-1030.)

V-500 CASE WORK SERVICE

Rules

Each maternity home must establish or compile from pertinent sources written statements of policy and procedure relative to the case work service to be provided for persons who request or utilize the services of the maternity home.

The policies and procedures required by other sections in this chapter will also govern the practice of staff providing a case work service. The statements developed in conformity with this section should, therefore, supplement these documents, and should include appropriate references to other policies which will determine, in part, the nature of the case work service. (See Sections V-200 -- Admission Policies and Procedures; V-310 -- 340 -- Other Policies and Procedures; V-600 -- 620 -- Psychiatric and Psychological Services; V-700 -- 730 -- Use of Non-resident Living Arrangements; V-900 -- Discharge; V-1000 -- 1030 -- Records; and pertinent references in sections describing other services of the maternity home.)

Every maternity home must assume responsibility for insuring that a case work service will be available to each girl who wishes to consider the possible use of its services, as well as to each girl who is subsequently accepted for service. Preferably this service will be provided through the employment of qualified case work staff. If a maternity home is currently unable to employ such staff, the service subsequently described may be secured through contract or other appropriate arrangement with a case work agency (or agencies) willing to assume this responsibility, and able to assign for this purpose staff whose qualifications are equal to those required for the case work staff employed by a maternity home. (See Section IV-300 -- Personnel Policy - Employment of Staff, and Section IV-375 - Qualifications and Duties of Staff - Case Work Staff.)

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The statements of policy and procedure established in conformity with this section must include the topics listed in Sections V-500 - 550. If the maternity home does not currently employ a case worker, or wishes to delegate to another agency a portion of its responsibility for providing a case work service, the policy statement must indicate clearly the location of responsibility for each portion of the service. (Under such circumstances, the referral policy must describe the process through which the availability of necessary service will be insured for an individual girl.)

V-510 CASE WORK SERVICE -- INTAKE PROCESS

Rule

Policy must make provision for an intake process which includes the following services:

1. A process (letter, personal or telephone interview) through which any person or agency interested in the welfare of a pregnant girl can secure information about the services of a maternity home, a general description of the services provided by other agencies (if indicated), and an explanation of the conditions under which needed services can be made available.
2. An initial interview with each pregnant girl interested in the possible use of any service provided by the maternity home. This interview must be designed to initiate a process which will serve the following purposes:
 - (a) to provide evidence of the case worker's warm acceptance of the girl as a total person and of her desire to understand and to be of help in evolving a solution to the girl's problems;
 - (b) to provide an opportunity for the girl to tell her story in her own way, and to receive, in return, a sensitive understanding which can become the basis for the professional relationship essential to a helping process;
 - (c) to give information about the services provided by the maternity home and what would be involved for her in the use of these services; (See Section V-530 -- Casework Service -- Specific Responsibilities.)
 - (d) to provide an opportunity for the girl to make decision as to whether she wishes to use the services described, under the conditions previously explained;
 - (e) to secure sufficient information about the girl and her situation to permit a determination of her needs, and of her eligibility to the services of the maternity home;
 - (f) to develop plans for "next steps" based upon the mutual decisions previously reached. This process may involve plans for additional intake interviews, plans for

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immediate admission, plans for the immediate use of an out-patient service, or referral to another social agency. (See Section V-325 -- Referral Policies and Procedures.)

3. A process designed to implement the plans developed in the intake interview. This process will usually involve additional interviews with a girl tentatively accepted for service, and may include interviews with her parents or the father of her child, when this service is requested by the girl, and their participation is essential to the formulation of initial plans. Contacts with other agencies or individuals (physicians, attorneys, foster parents, etc.) may also form an important part of the intake process. For girls tentatively accepted for residential care, this process must include conferences and joint planning with other members of the staff of the maternity home.

V-520 CASEWORK SERVICE -- CONTINUING SERVICE

Rule

For the girl accepted for residential care for an out-patient service, policy must make provision for a continuing casework service which will have the following objectives:

1. to establish and maintain a meaningful relationship with the girl, which can become the means through which other objectives are attained;
2. to help her understand and face the realities of her situation (her pregnancy, her need for medical care, her financial situation, her relationship with her parents and the father of her child, any legal factors which will affect her plans, etc.);
3. to help her express and understand her feelings about her pregnancy, the father of her child, and her relationships with the key people in her life;
4. to help her achieve an increased understanding of herself, a greater sense of self-respect and self-value, more satisfying relationships with others and a better capacity to use her strengths with confidence and competence;
5. to help her determine the meaning her baby holds for her, to understand the realities that will be involved in any plan she wishes to make for her baby, and to reach a decision about the kind of plans she wishes to explore for his future care;
6. to help her experience new channels for satisfaction:
 - (a) by providing continuing acceptance and support as she struggles with her problems and attempts to develop plans which she can accept and be responsible for,
 - (b) by interpreting her needs to other members of the staff,

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- (c) by coordinating and facilitating the use of other services available in or through the maternity home;
7. to identify the need for services available through other agencies and health facilities, and to help her secure and use with benefit to herself the services appropriate to her needs. (See Section V-325 - 330, Referral Policies and Procedures); and/or
 8. to help her to develop and implement plans for herself and her baby, when the services of other agencies are not required. (Service in this area may also include help to her parents and/or the father of her child in understanding and modifying their feelings and in facilitating the plans which the girl wishes to develop.)

V-530 CASEWORK SERVICE -- SPECIFIC RESPONSIBILITIES

Rule

To achieve the objectives previously listed and to fulfill her role as a member of the staff team engaged in an attempt to meet the total needs of each girl, the case worker must assume the following specific responsibilities:

1. During the intake process (or immediately following an emergency admission):
 - a. For girls interested in resident care, the provision of a clear description of what it would be like to live in the maternity home and to use the services provided. In this process the following topics must be covered:
 - (1) The medical requirements for admission and continued care. See Sections V-410 through V-440, and Section V-830 -- Health Instruction.
 - (2) The program of educational, religious and recreational activities. See Sections V-810 - V-830.
 - (3) The physical plant and the possible necessity for shared sleeping arrangements.
 - (4) The necessity for work assignments. See Section V-840.
 - (5) The "house rules." See Section V-870.
 - (6) The roles of staff and their relationship to girls in residence.
 - (7) The plan of care for infants. See Sections V-440 and V-450.
 - (8) The clothing, personal belongings and funds needed to be comfortable in the maternity home. See Section V-860.
 - (9) Names used in the home. See Section V-870.

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- b. For girls not interested in resident care (either initially or after learning more fully what would be involved in the use of this program), a clear description of appropriate services provided by the maternity home or available through other agencies. In this process, the following topics must be covered when applicable to the girl's need and to the function of the maternity home:
- (1) The possible development of nonresident living arrangements. See Section V-720 and Sections V-325 - V-330 - Referral Policies and Procedures.
 - (2) The methods through which medical care and delivery can be provided. See Sections V-410-440.
 - (3) The availability of casework service for girls not in residence in the maternity home.
- c. For girls interested in using any service of the maternity home:
- (1) Assurance that information provided will be kept confidential; that no effort will be made to contact her family, the father of her child, or any other person without her knowledge or consent; and that the final plan for her baby will result from her own decision in this regard, although the help of the case worker and of other agencies will be available to her. See Section V-325 - 330 - Referral Policies and Procedures.
 - (2) Determination of a girl's ability to meet adequately her needs for clothing and other personal items, with subsequent development of a plan for her to secure needed items or funds. See Section V-860 - Clothing and Other Personal Needs, and Sections V-325 - 330 - Referral Policies and Procedures.
 - (3) Determination of a girl's ability to pay for services received; computation of the probable cost of care she will require, and formulation of a financial plan for payment. See Section V-200 - Admission Policies and Procedures and Section V-340 - Other Policies and Procedures - Establishment and Use of a Fee Schedule.
 - (4) Development of appropriate arrangements for medical examination and treatment. See Section V-200 - Admission Policies and Procedures, and Section V-410.
- d. For girls accepted for residential care, determination of the name by which they will be known while in residence.
2. As a part of a continuing casework service:
- a. Identification of the need for psychological tests and/or aptitude tests when such tests are needed as a basis for the

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formulation of treatment plans for the development of educational or vocational plans for girls who do not wish to use the services of other agencies. Acceptance of responsibility for securing such tests through established channels. See Section V-620 - Psychological Services.

- b. Identification of the probable need for psychiatric service in diagnosis or treatment. Acceptance of responsibility for securing appropriate psychiatric service through established channels when need is recognized or reported by the medical staff. See Section V-610 - Psychiatric Services.
- c. For girls in residence, participation in staff planning relative to a girl's use of the residential program. Such participation should include the sharing of significant information about the girl and an interpretation of this information as it relates to her work assignments, her desire and ability to use the religious, educational and recreational programs provided, the initial care of her baby, etc. See Section V-800 to V-880 - Resident Program.
- d. For girls accepted for an out-patient service, assistance in developing an appropriate living plan pending admission to the hospital unit. This service may include responsibility for the placement and supervision of a pregnant girl in a foster home (or wage home) when this is an established function of the maternity home. See Section V-720.
- e. For girls unable to use the resident program constructively after admission, assistance in developing an alternate plan of care. This service may include help in securing the services of another agency or in the development of other plans. See Section V-520.
- f. Joint planning and decision with the medical staff, relative to recommended plans for discharge of the mother and child from the hospital unit (or other hospital facility), and from the residential quarters when the mother has returned to this facility after confinement. See Section V-440.

V-540 CASEWORK SERVICE - POST-DISCHARGE SERVICE

Rule

Policy governing the casework service must define in general terms the usual point at which this service will be terminated.

V-550 CASEWORK SERVICE -- CASE RECORDS

Rule

Policy must make provision for the establishment and maintenance of an adequate case record for each girl who requests or utilizes the services of the maternity home. For detail, see Section V-1020 - Case Records.

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V-600 PSYCHIATRIC AND PSYCHOLOGICAL SERVICES

Rules

Each maternity home must establish or compile from pertinent sources written statements of policy and procedure relative to the psychiatric and psychological services to be provided for the benefit of girls accepted for residential care or for out-patient service.

Responsibility must be assumed for the development of some arrangement to insure the availability of a psychiatric service which will include diagnosis and treatment, and, if possible, a consultation service for members of the case work staff serving the maternity home. (See Sections V-500 - 550 - Case Work Service.) If the maternity home does not currently employ a psychiatrist with the required qualifications (see Section IV-395 - Qualifications and Duties of Staff - Specialists), arrangements must be made (through contract or a working agreement) to secure necessary service from a mental hygiene clinic or through a case work agency which makes this service available to its clients and staff.

A similar responsibility must be assumed to insure the availability of psychological and aptitude tests, needed by the case work staff to facilitate diagnosis, treatment and/or the formulation of educational and vocational plans. If the maternity home does not currently employ a qualified psychologist (see Section IV-395 - Qualifications and Duties of Staff - Specialists), arrangements must be made to obtain needed testing through contract, or a working agreement with a child guidance or mental hygiene clinic, or another agency which can make this service available.

V-610 PSYCHIATRIC SERVICE

Rule

Policy established with respect to this service must make provision for the following services:

1. Treatment of any girl accepted for service whose behavior gives evidence of serious emotional disturbance, or whose inability to use case work help in developing an effective plan for the future of her baby or of herself indicates a serious emotional conflict.
2. Diagnostic interviews with any girl whose behavior or evident emotional conflict indicates the need of psychiatric help in formulating plans for case work treatment and/or the future care of the girl and her child.
3. Consultation with the casework staff to interpret the significance of material secured in diagnostic interviews and to assist the case worker in developing plans for treatment and in formulating plans with (or for) the girl.

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V-620 PSYCHOLOGICAL SERVICE

Rule

Policy established with respect to this service must reflect the following concepts:

1. Information concerning the intellectual equipment of a pregnant girl or an unmarried mother must be available to the case work staff when this information is essential to the development of an appropriate plan of treatment, or to the development of suitable educational and vocational plans. (This information will usually be required for current use only when problems are evident in a girl's behavior, in her capacity to engage in effective planning for herself and her child, or in her ability to adjust in the residential group, or in her current living arrangement. Vocational aptitude tests and psychometric tests needed for educational or vocational planning can usually be secured from the Bureau of Vocational Rehabilitation or the Department of Employment. See Section V-330-Referral Policies and Procedures - Vocational Guidance and Training.)
2. The provision of psychological tests needed to determine the probable mental equipment of a child to be released for adoption, the kind of adoptive parents a child may require, or the most appropriate plan of treatment to be followed by another agency is not within the function of a maternity home.
3. Any arrangements made by the maternity home with a qualified psychologist or mental hygiene clinic (through employment, contract or working agreement) must include provision for written reports which will interpret the results of tests given, evaluate the validity of the test results, and make recommendations in accordance with the reason for referral. (If possible, arrangements should be made to secure similar reports from other agencies or departments to which girls are referred for testing.)
4. Brief written summaries must be provided for the psychologist by the case work staff whenever a pregnant girl or unmarried mother is referred for psychological testing. Such reports must explain clearly the reason for referral, provide identifying data, and include significant information which will provide a basis for the evaluation of the validity of the test results. (Pertinent facts about her life history, her feelings about herself and others, her attitudes towards education and examination, etc.)
5. Whenever possible, arrangements made with a psychologist must include provision for consultation with the case work staff to interpret the purpose, validity and meaning of particular tests used, and the significance of information exchanged.

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V-700 USE OF NONRESIDENT LIVING ARRANGEMENTS

Rules

Each maternity home must establish or compile from pertinent sources, written statements of policy and procedure which define clearly, the responsibility which the case work staff serving the maternity home (see Section V-500) will assume in helping a pregnant girl or unmarried mother to secure and use living arrangements apart from the maternity home.

When case work service is secured through a contract arrangement or working agreement with another social agency, this policy statement should usually explain that the maternity home will limit its responsibility in this area to (1) a referral process, through which the services provided by other agencies can be made available to a girl not accepted for service by the maternity home, or awaiting admission to the residential quarters or the hospital unit, and (2) a case work service through which a girl in need of new preconfinement or postconfinement living arrangements, can be assisted in implementing her own plans. (Through financial assistance, help in locating a suitable apartment or room, etc.)

Any policy statement which establishes as a function of the maternity home, the assumption of responsibility for the recruitment and use of wage homes and/or foster homes must specify that this service will be provided by a qualified case work staff. (See Section IV-300 and Section IV-375 - Qualifications and Duties of Staff - Casework Staff.) This statement must also include the topics listed in Sections V-710 - 720 and provision must be made for conformity with the requirements included in each section.

V-710 USE OF NONRESIDENT LIVING ARRANGEMENTS - STUDY OF FOSTER HOMES AND WAGE HOMES

Rules

The policy statement developed by a maternity home which includes in its function, a responsibility for recruiting and developing wage homes and/or foster homes must make provision for the careful study of each home potentially interested in providing care for a pregnant girl or unmarried mother. The fact that wages will be paid, or a "free home" provided in return for services rendered, shall not alter this requirement.

Although the needs of a pregnant girl and an unmarried mother differ, in some respects, from those of a child, the process through which the maternity home determines the ability of applicants to meet the needs of persons served, must be in conformity with the practice of licensed child-placing agencies. This process must include the following steps:

1. An Application Interview

In content, this interview must have as its objective, the sharing of essential information. For potential foster parents,

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this interview should provide the basis for initial decision as to (a) whether the needs of pregnant girls and/or unmarried mothers and the realities of their care are consistent with the needs, interests, and desires of the applicants; (b) whether they wish to engage in the study process through which the maternity home will determine whether it wishes to use their home; and (c) whether there is reasonable expectation that their home will be used for the placement of a pregnant girl or unmarried mother.

For the case worker in the maternity home, the initial interview should provide (a) information concerning the basis on which the applicants wish to have a girl placed in their home, the role which she would be expected to play in the family, the motivation which prompted the application, the duties a girl would be expected to perform, the sleeping arrangements which would be provided, etc., and (b) impressions as to whether the home and family situation of the potential applicants can meet the needs of any girl served by the maternity home.

The initial interview should also include a clear description of the maternity home's procedures in completing the study process, and in providing a placement service, in the event that the home is approved for use. If this interview terminates in a mutual decision that the study process will be continued, plans for a home visit should be made when other members of the family can be present.

2. Home Visits

These visits should serve two primary purposes:

- (a) A continuation of the case work process through which the worker can begin to know all members of the prospective foster family, and to understand what it would be like for a pregnant girl or unmarried mother to live in this home.
- (b) An evaluation of the physical facilities of the home to determine whether they can meet the emotional, social, and health needs of a girl served by the maternity home.

3. Contacts with Collateral Sources

Medical information is essential to determine the absence of communicable disease, and the maternity home may wish to interview references who can substantiate or modify the worker's impressions of the family. The difficulty in securing such references without revealing the problems of a girl who might subsequently be placed in the home, however, will usually contraindicate any general use of references.

4. Evaluation of the Home for Use

Acceptance of responsibility for a process of evaluation is an important element in the protection of persons served by the

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maternity home. The home must not be approved for use when there is evidence that a pregnant girl or unmarried mother might be exploited for her services, or that a placement is desired in the hope that the ensuing relationship with the girl will result in an opportunity to secure a child for adoption (by the applicants, their relatives, or friends). Likewise, homes must not be accepted when there is any indication that the presence of a girl is wanted to fulfill an abnormal emotional need, or to contribute to the happiness of any member of the family in a manner detrimental to the welfare of persons served by the maternity home. Wage homes must be rejected when it is evident that suitable compensation will not be provided for service rendered, that adequate "time off" will not be allowed to permit a girl to keep appointments at the maternity home for case work interviews and for medical examinations, or that the objectives of the maternity home are not shared by the applicants.

The emotional and physical safety of persons who seek the services of the maternity home, and the maternity home's reputation for integrity cannot be protected unless the study process provides an assurance of good care, which can be relied on by persons served, by other agencies, and by the community.

V-720 USE OF NONRESIDENT LIVING ARRANGEMENTS -- PLACEMENT SERVICE

Rules

A maternity home whose defined function includes the development of plans for older pregnant girls or unmarried mothers to live in family foster homes or wage homes, must assume responsibility for providing a responsible placement service, geared to meet the needs of the individuals served. (Since the maternity home is not a licensed child placing agency, it cannot assume responsibility for the selection of any nonresident living arrangements for a girl less than 16 years of age, or for the placement of any infant.)

In providing a placement service, a caseworker must assume the following responsibilities:

1. To find a foster home or wage home suited to the individual needs of the girl or woman whose request for this service has been accepted.
2. To help the girl understand what it will be like for her to live in this particular home, and what will be expected of her.
3. To participate in the placement process.
4. To stand by and provide supportive help as she finds her place in the home selected for her.
5. To carry responsibility directly or indirectly for her well-being, while she remains in the home selected for her.
6. To make available to her the same quality of casework service provided for girls resident in the maternity home. (See Sections V-500 - 540 Casework Service).

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7. To coordinate and facilitate her use of other services provided by the maternity home.
8. To facilitate her constructive use of this experience by maintaining a continuing relationship with her foster parents to help them understand the girl's needs, her physical and emotional condition, and the plans in process for her future care.

V-800 RESIDENT PROGRAM

Rules

Each maternity home must establish or compile from pertinent sources, written statements of policy and procedure which will govern the practice of staff, as it seeks to develop and maintain a program of maximum benefit to girls accepted for residential care.

Policy established in this area must reflect the following objectives:

1. To provide a setting which will facilitate the provision and constructive use of professional services designed (a) to meet emotional, medical, spiritual, educational and recreational needs during pregnancy; (b) to prepare the girls served for a more mature, emotionally satisfying, and socially acceptable way of living; and (c) to the extent possible, to insure for their babies, a life of normal health and happiness.
2. To provide an experience of living with other girls with similar problems, which can alleviate guilt, decrease hostility against others, increase self-esteem and self-understanding, and provide an opportunity for companionship, and for participation and self-expression in group activities.
3. To make possible a process of daily association with staff members which can provide a personification of qualities for emulation, an opportunity to develop satisfying relationships with adults who are well-adjusted in their own lives, and a means by which daily living experiences can be used to foster the personality growth of individual girls.
4. To provide an environment which will insure comfortable shelter, appropriate food, privacy, security, relaxation and freedom from pressures, with simultaneous opportunity for optimum self-direction, self-responsibility and self-determination.

Policy which permits any practice not in conformity with the spirit of these objectives can not be considered to fulfill the requirements of this section. Censorship of mail; prohibition against a girl's use of her own room during "free time"; undue restriction of freedom to leave the grounds or to receive visitors; etc., are examples of unacceptable practice. (See Section V-870.)

The statements of policy and procedure developed to achieve these objectives must include the following topics: Leisure Time Activities; Religious Activities; Educational Activities; Vocational Training; Health Instructions; Work Assignments; Nutrition; Clothing and

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Other Personal Needs; House Rules; and Care of Infants. (The concepts set forth in Sections 810 - 880 should be evident even when a mandatory requirement is not stated.)

V-840 RESIDENT PROGRAM -- WORK ASSIGNMENTS

Rules

Policy which governs the assignment of resident girls to household "chores" must reflect the following concepts:

1. The work program must never be used as a substitute for adequate financing. Sufficient staff must be employed to insure (a) that girls in residence will not be exploited for their services, (See Section IV-300 Qualifications and Duties of Staff and Section IV-400 Determination of Staff Requirements.); and (b) that work assigned can in reality, constitute a learning experience and/or a part of a total treatment plan.
2. The work program must be an integral part of the teaching and helping process inherent in the function of a maternity home. Work assignments must represent the best thinking of all members of the staff appropriately concerned with the welfare of an individual girl.

V-850 RESIDENT PROGRAM -- NUTRITION

Rules

Proper nutrition during pregnancy must be made available to safeguard the health of every pregnant woman, and to insure the normal development, safe delivery, and survival of each infant.* Provision must be made to insure that the following elements are present.

1. Adequate funds to provide a prenatal diet rich in protein, minerals, and vitamins.
2. Housekeeping staff equipped by knowledge and experience to assume responsibility for insuring (a) that each meal is well prepared, attractively served and planned to meet the physical and emotional needs of well pregnant girls and unmarried mothers; (b) that special diets are prepared in accordance with the recommendations of physicians; and (c) that the services of a professionally qualified dietitian or home economist will be secured and utilized when needed. (See Section IV-390 Qualifications and Duties of Staff -- Housekeeping Staff.)
3. Housekeeping staff sufficient in number and in hours of their employment to insure that meals will be served at hours normal for family groups, that food will be cooked immediately before

*See "Nutrition during Pregnancy and Lactation" - California State Department of Public Health.

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it is served, and that each meal will meet the food requirements of the girls in residence. If the heartiest meal is served at noon, breakfast and supper must also be well-planned, complete meals.

4. Staff appreciation of the emotional significance of food, and a willingness to utilize a team approach in developing a total treatment plan for pregnant girls and unmarried mothers whose behavior in relation to food, indicates the presence of emotional problems. The development of treatment plans of this type must be insured through frequent staff conferences and through an in-service training program for all members of the staff.

V-880 RESIDENT PROGRAM -- CARE OF INFANTS

Rule

Policy relative to the residential program must define clearly, the conditions under which a baby will be brought to the residential quarters; the responsibilities which his mother will be expected to assume for his care and those which will be carried by the resident nurse (and/or nurse's aides); and the extent to which an unmarried mother will participate in the program of group living when she returns to the residential quarters with her baby. For necessary content of such policy, see Section V-440 Medical and Nursing Care - Post-Partum Care and Section V-450 Care of Infants.

V-900 DISCHARGE

Rules

Every maternity home must establish or compile from pertinent sources, written statements of policy and procedure which will govern the practice of staff as it develops plans for the termination of services provided for unmarried mothers. Policy in this area must include the requirements set forth in Section V-440 (Medical and Nursing Care -- Post Partum Care), and its provisions must be reflected in the admission policy established. (See Section V-200.)

V-1000 RECORDS

Rules

Each maternity home must establish or compile from pertinent sources, written statements of policy and procedure which will govern the practice of staff in the establishment and maintenance of records, essential to the efficient operation of the maternity home, the provision of an acceptable quality of service, and proper identification of persons served. These statements must make provision for the types of records listed in Sections V-1010 - 1040.

Other sections of the Standards (II-450 Financial Procedures - Records; V-450 Medical and Nursing Care; and V-550 Casework Service) also contain requirements with respect to certain types of records, and a maternity home may elect to include in the policy and procedure

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governing the practice of specialized staff, the responsibilities which that staff must assume with respect to the maintenance of records. If this method of policy formulation is followed, the statements developed in conformity with this section should supplement these documents, and make appropriate references to those sections which will fulfill the requirements listed here.

V-1010 RECORDS -- FINANCIAL AND STATISTICAL

Rules

Policy must make provision for the establishment and maintenance of financial records which can meet the requirements of Section II-450 Financial Procedure - Records. For further detail see Section IV-395 Qualifications and Duties of Staff - Clerical Staff - Bookkeeper.

Policy must make provision for the establishment and maintenance of statistical records which will contain sufficient detail to allow tabulation of the following facts: the number of persons who requested the service of the maternity home; the number of persons accepted for service; the number of persons who received a specific type of service (resident care and professional services; out-patient and delivery service only; out-patient and shelter service); the duration of such service (days of care); the age, race, religion, residence, marital status, and occupation of adults served; the number of infants born; the number of deaths, and any other information which the Board or other administrative authority may require.

V-1020 RECORDS -- CASE RECORDS

Rules

Policy must make provision for the establishment and maintenance of a confidential case record for each girl who requests the services of the maternity home.

These records must be established by the caseworker serving the maternity home and must be kept in a locked file available to members of the professional staff only. Great care must be taken to impress upon all members of the staff, the confidential nature of case records. See Section IV-385 Qualifications and Duties of Staff -- Clerical Staff.

The case records established should be of three types:

- (1) Records which serve the single purpose of indicating the volume of services provided.

These records established for temporary use, may consist of a single mimeographed sheet from which a monthly tabulation can be made of (a) the nature of the service requested, (b) the name or agency affiliation of the inquiring person, (c) the service given, and (d) the person who provides the service.

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- (2) Records which serve the dual purpose of indicating the volume of service provided, and of preserving the content of an interview which does not result in acceptance for care.

These records are usually of two kinds: (a) a printed card which serves both as a statistical record and as a case record when the brief information secured will be of value if further service is requested, and (b) the usual case record established when it is not known whether a continuing service will be provided (and a separate statistical card).

- (3) Case records which will (a) preserve for a child or adult, information which in later years, may not be readily available from any other source; (b) improve the quality of the casework service provided, and (c) facilitate the coordination of the specialized services included in the total plan of treatment.

These records should be typewritten and must include the following material:

- a. Detailed recording of the intake process. See Section V-510 Casework Service.
- b. Identifying information (Face Sheet): full name, birth date, address, race, religion, occupation; names and addresses of parents and other relatives; name and address of alleged father, if known; legal custody if applicant is a minor; and name of referring agency, if pertinent.
- c. Reports or summaries of physical examinations and psychological tests, if given.
- d. Detailed recording of all casework interviews with the individual girl, her parents, the father of her child, and other individuals concerned with her welfare.
- e. Summary recording of all case conferences held with other members of the staff and with representatives of other agencies.
- f. Chronological recording of all information received from other girls, from members of the staff or from other persons about the behavior, adjustment, and plans of the girl; of all recommendations made for her care and treatment, and of all events which have importance for her and her baby. The latter should include the date of delivery, information about the delivery experience, the name, sex, and health of the baby, and any information secured relative to significant events, such as baptism, etc.
- g. Correspondence, referral summaries, financial and other agreements, etc.

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V-1030 RECORDS -- MEDICAL AND NURSING RECORDS

Rules

Policy must make provision for the establishment and maintenance of medical and nursing records for each girl who receives a medical service from the maternity home. See Section IV-365 - 370 Qualifications and Duties of Staff - Medical and Nursing Staff and Sections IV-400 - 430 - Medical and Nursing Care.

Provision must also be made for the establishment and maintenance of a complete medical record and health history for each infant born in, or brought to the maternity home.

In reality, these records should be an integral part of the case records established for each girl served, but for convenience of medical and nursing staff, they may be maintained separately while in current use. When a girl and her child are discharged from the maternity home, however, these records must be placed in the folder of the case record to form a complete history of the maternity home's contact.

V-1040 RECORDS -- BIRTH REGISTRATION

Rule

Policy must make clear, the legal responsibility of the physician in attendance to complete for all infants born in the maternity home, the birth certificate required by Chapter 3 of Division 9 of the Health and Safety Code, and his responsibility to cause the required form to be filed with the appropriate registrar of vital statistics.

The foregoing regulations are to become effective November 15, 1954.

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Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

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Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Social Welfare

(Agency)

Dated: October 14, 1954

By: E. C. Silveira

Acting Director

(Title)

FILED

In the Office of the Secretary of State
of the State of California

OCT 14 1954

At 4:05 o'clock P.M.

FRANK M. JORDAN, Secretary of State

Assistant Secretary of State

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STANDARDS FOR MATERNITY HOMES IN CALIFORNIA

CHAPTER III - PLANT AND EQUIPMENT

STATE BUILDING STANDARDS COMMISSION
APPROVED
By order of the Commission as complying with the requirements of Part 2.5, Division 13, Sections 18900 to 18909, inclusive, of HEALTH AND SAFETY CODE.
M. Sant Boyd
Secretary
Oct. 7, 1954
Date

III-200 LOCATION

Rules

Every maternity home must be located in an area which insures the availability of a safe and sufficient supply of water, adequate drainage and sewage facilities, good fire protection and accessible public transportation.

Every maternity home must be located within easy access to other social agencies, hospitals, other medical and mental health facilities, stores, churches, libraries, recreational and educational facilities.

III-300 GROUNDS

Rule

The grounds must be large enough to provide some space for outdoor living and for appropriate group activities.

III-350 PHYSICAL PLANT

Rules

The physical plant of every maternity home must be safe and suitable for the care of its residents and for the services included in its program. The degree of privacy afforded, the facilities available for group living and the total atmosphere must be conducive to the effective use of these services.

Since the basic structure of existing buildings cannot be changed, no maternity home currently licensed will be required to construct new buildings or modify immediately, its present quarters to meet standards which do not affect directly, the health and safety of persons in residence. As plans for new buildings are developed, however, and as plans for modification in the use of existing buildings become possible, every maternity home will be required to reflect in its physical plant and facilities, the mandatory provisions established in subsequent sections of this chapter.

III-400 BUILDINGS

Rule

No building will be approved for use as a maternity home if there is evidence that it will also be used as a setting (a) for a program not related to the needs of pregnant girls, unmarried mothers and their infants; or (b) for the resident care of any other persons.

Rules

New buildings must be constructed in accordance with the requirements established by these standards. Other buildings whose initial use will

Welfare and Institutions Code Sections 1620 to 1630 inclusive

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occur after the effective date of these standards, must also conform fully to the requirements established. To the extent possible, all homes must attempt to meet the revised requirements at the earliest possible date.

Rule

All new buildings must be arranged to facilitate effective and efficient service, and to permit the creation of an atmosphere of comfort, relaxation and friendliness. The possibility of achieving a home-like appearance and adequate opportunities for privacy must not be sacrificed for the convenience of staff, or a goal of minimum cost.

Rules

Plans for new buildings or for additions or major alterations to existing buildings must be prepared by an architect (or by a licensed civil or structural engineer) and submitted to the State Department of Social Welfare for review and approval before construction is begun.

The intent to occupy a building not previously used must also be shared with the department and approval secured before purchase or lease is consummated. In some instances, the submission of appropriate drawings or building plans may be required as evidence that the proposed new quarters can meet the requirements of these Standards.

Rule

No license will be issued by the department until the State Fire Marshal has reported substantial compliance with state standards governing fire and life safety. See Section 1-610 Licensing Procedure. The maximum capacity for which a license is issued will never exceed the number for whom fire clearance is given.

III-410 OFFICE SPACE

Rules

Every maternity home must provide sufficient space for its business, clerical, and managerial functions. In addition to the space provided for typing, bookkeeping, filing, etc., appropriate space must be made available for the desk work of the administrative housekeeper and for the records which she must maintain.

Separate space must be available for reception and waiting purposes.

Private offices must be provided for the executive, the resident nurse, and the casework staff. These offices must be equipped with desks, comfortable chairs, private telephones, and other items necessary to facilitate the performance of duties assigned to the staff members who occupy these offices.

Additional interviewing rooms must be available for social workers from other agencies who serve persons in residence.

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III-420 VISITING ROOMS

Rule

A sufficient number of comfortably furnished visiting rooms must be provided to allow girls in residence to receive and talk with visitors in private.

III-430 LIVING ROOMS

Rule

Every maternity home must have at least one living room which is comfortably furnished, centrally located and large enough to allow free and informal use by all girls in residence.

III-440 ROOMS FOR EDUCATIONAL, RECREATIONAL AND RELIGIOUS ACTIVITIES

Rules

At least one room for informal educational activities (craft classes, discussion groups, etc.) must be provided.

If academic instruction is made available to girls in residence, one or more additional rooms must be provided so that students can be tutored individually or in groups, without disrupting the informal educational activities provided for other girls in residence.

When religious services are conducted under the auspices of the maternity home, a suitable room must be available for this purpose.

III-450 DINING ROOM

Rules

Every maternity home must provide an attractive dining room, of sufficient size to accommodate comfortably, the entire resident group when seated at small tables. (Approximately 15 square feet of floor space per person will be necessary to meet this standard.)

The dining room must be located near the kitchen to insure rapid and efficient serving of food.

Silverware and attractive dishes in good condition must be used, at all regular meals. (Cracked or chipped dishes and glassware are not acceptable.)

III-460 KITCHEN

Rules

Every maternity home must have a kitchen, located in sufficient proximity to the dining room to insure efficient food service, and large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required.

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The kitchen must be arranged and equipped to insure convenient operation, healthful working conditions, sanitation and control of noise, heat, and odor. Suitable equipment for the preparation and serving of meals, for the proper refrigeration of perishable foods, and for the necessary washing and sanitizing of dishes and utensils, must be provided.

Adequate storage space must be provided for food supplies, and for dishes and silverware not in use. All storage space used for these purposes must be clean and dry, and must provide protection from insects, rodents, dust and other contamination.

Proper disposition must be made of garbage and trash.

III-470 SLEEPING QUARTERS

Rules

A sufficient number of sleeping rooms must be provided to insure that each girl in residence can have comfortable and attractive quarters which will assure as much privacy as the plant will currently permit.

In all new buildings which include rooms for this purpose, the majority of sleeping rooms must be constructed for single or double occupancy, and plans for rooms designed to accommodate more than four persons will not be approved.

In all existing structures, a maximum number of rooms must be made available for single or double occupancy. Every maternity home must provide a sufficient number of single rooms to insure that proper safeguards can be taken to protect the health of other girls when communicable infection is suspected or its absence not yet verified. See Section III-520. When the continued use of existing dormitories is necessary, optimum privacy must be afforded through the use of removable walls, partial partitions, screens or the arrangement of furniture.

Every single room must contain a minimum of 100 square feet of floor space. In double rooms and those accommodating more than two persons, a minimum of 70 square feet of floor space must be available for each person.

Every room must have at least one outside window and the total window area must be equal to $1/8$ of the floor space and never less than 16 square feet.

All sleeping rooms must be located near the lavatory, bath and toilet facilities and within easy access to the living, dining, and recreation facilities.

Each sleeping room must be pleasant and cheerful, and furnished in a manner which will insure comfort for sleeping purposes and for use as a sitting, reading, and study room. Appropriate furniture provided for these purposes must include an individual bed, a table or desk, comfortable chairs, reading and bedside lamps, and adequate space for

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clothing and personal belongings. Adequate closet and storage space must also be provided.

III-480 BATH, LAVATORY AND TOILET FACILITIES

Rules

Adequate bath, lavatory, and toilet facilities must be available to meet the needs of all persons in residence. Provision must be made for privacy in all bath and toilet rooms. Each toilet and shower intended for use by more than one person, must therefore, be enclosed in a cubicle, or protected in some way by a door or curtain.

At least one toilet and lavatory must be located near the living and recreation rooms. Private baths must be provided for all single rooms allocated for use in isolation. In addition, bath, lavatory, and toilet facilities convenient to the bedrooms must be provided in the following minimum ratio:

Toilets, showers, and/or tubs -- one each for every 10 residents.
Each toilet unit must be provided with one lavatory, and additional lavatories must be made available to effect a total ratio of one for every five residents.

III-490 STAFF QUARTERS

Rules

Bedrooms for resident staff must meet the same requirements as those established for sleeping rooms of girls in residence.

Private bath and toilet facilities reserved for the use of resident staff must be provided adjacent to, or near their bedrooms.

Rooms provided for resident staff on call in a supervisory or counseling capacity must be located in close proximity to the rooms of the resident girls to insure the availability of an adult when a girl becomes emotionally disturbed or labor begins outside the regular working hours of professional staff.

III-500 STORAGE ROOMS AND CLOSETS

Rule

In addition to the storage space available in sleeping rooms, adequate (dry, well-lighted, and properly ventilated) storage space of the following types must be provided:

1. Storage rooms for food bought in quantity. This room should be located close to the kitchen, and must provide protection from mold, insects, and rodents.
2. Storage rooms or closets for linen.

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3. Storage closets for cleaning equipment and supplies.
4. Storage space for supplies and equipment used by maintenance and yard men. Special precautions must be taken in the storage of paints, oils, and other inflammable materials.
5. Storage room or rooms for luggage, out-door or extra furniture, equipment, etc.
6. Lockers or other available space for the safe keeping of outer clothing, work clothing, and personal belongings of nonresident staff. (Also a requirement of the State Department of Industrial Relations.)

III-510 LAUNDRY AND SERVICE UNITS

Rules

Suitable and adequate laundry and pressing facilities must be available for the convenience of resident girls.

Suitable space and equipment must be provided to insure that the laundry of institutional linens can be accomplished in a safe and efficient manner. (Unless a commercial laundry is used.)

Sinks necessary for the proper performance of maintenance work must be provided. Kitchen sinks shall not be used for washing of cleaning cloths and mops, for the disposition of scrub water, etc.

III-515 REST ROOMS

Rules

An adequate number of rest rooms for employees and guests must be provided.

Rest rooms designated for staff use must be equipped with a comfortable couch, and must meet all other requirements established by the State Department of Industrial Relations.

Wash basins, toilets, and necessary supplies must be available in all rest rooms.

III-520 FACILITIES FOR MEDICAL AND NURSING CARE

Rule

When a maternity home establishes and maintains a hospital unit, this facility must meet fully, the Standards established by the State Department of Public Health. See Section I-100 Licensing Jurisdiction - State Departments, and Section V-400 Medical and Nursing Care.

When a licensed hospital unit is not maintained, a properly equipped examining room must be provided for the use of medical and nursing

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staff responsible for the medical and nursing care of girls in residence. (See Section IV-300 and Section V-400.) (This room may also serve as the office of the resident nurse -- see Section III-410.)

A sufficient number of single sleeping rooms (equipped with connecting private baths) must be held in readiness (1) for the use of girls admitted to the residential quarters prior to a complete medical examination, the receipt of reports on laboratory tests for communicable disease, or the provision of treatment necessary to insure the absence of communicable infection; and (2) for the use of other girls who develop symptoms of illness, and will require separate care until they have recovered their usual health, or other plans for treatment have been developed. At least one room must be allocated for this purpose, but the total number required will be dependent upon the population of the maternity home, the availability of hospital facilities under its auspices, and the admission policies established.

III-530 FACILITIES FOR THE POST-PARTUM CARE OF MOTHERS AND THEIR INFANTS

Rules

The residential quarters (or another facility operated for this purpose) must have rooms which can be used for the post-partum care of any mother who plans to keep her baby or requests additional time to make a decision in this regard. (See Section V-440 -- Post-Partum Care.)

Whenever possible, rooming-in facilities must be provided in the residential quarters for mothers who plan to keep their babies. If the current physical plant does not permit this arrangement, space and equipment for a nursery for these babies must be provided in the residential quarters or in the hospital unit. A nursery established for this purpose must be so located that a mother will find it convenient to assume total or partial responsibility for the care of her child. (If located in the hospital unit, this nursery must be separate from the nursery for the newborn.) (See Section V-400 -- Care of Infants.)

Rooms provided for the use of mothers who will care for their babies must meet the basic standards established for all sleeping rooms. (See Section III-470.) Single rooms must be used for all "rooming-in" arrangements. When their size does not permit the installation of all furniture and equipment necessary for the care of a baby, a near-by room for bathing, etc., must be provided. (If the arrangement of the physical plant contraindicates even partial care of babies in the rooms of their mothers, the nursery previously described will need to be used, but the maternity home may wish to provide a room in the residential quarters to which these babies can be brought to enable the mother to receive instruction in proper methods of infant care and to have the experience of caring for her child.)

Facilities for post-partum care must be sufficient in number to accommodate all mothers who request such care, and all babies who will remain in the maternity home with their mothers, after the tenth day of life. (See Section V-450 -- Care of Infants.)

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III-540 GENERAL MAINTENANCE AND SANITATION REQUIREMENTS

Rules

The buildings and grounds must be maintained in a clean and sanitary condition.

Wall surfaces and floors throughout the building must be suitable for the type of room. Bathrooms and kitchens must have easily washable walls and floors.

III-550 HEAT, LIGHT, VENTILATION

Rule

All rooms (including hallways and service units) must be properly heated, lighted, and ventilated.

The foregoing regulations are to become effective November 15, 1954.

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FILING ADMINISTRATIVE REGULATION
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

W&IC 115, 116

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NOV 1 1954

Division of Administrative Procedure

ENDORSED

APPROVED FOR FILING
(GOV. CODE 11380.1)

NOV 1 1954

Division of Administrative Procedure

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare

(Agency)

Dated: November 1, 1954

By: Edward E. Scriverin

Acting Director

(Title)

FILED

in the Office of the Secretary of State
of the State of California

NOV 1 - 1954

At 4 o'clock P. M.

FRANK M. JORDAN, Secretary of State

By: [Signature] Assistant Secretary of State

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October 29, 1954

DEPARTMENT BULLETIN NO. 508 (STAT)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS

Subject: Monthly Statistical Report (Form Temp 365) on Effect of Old Age and Survivors Insurance Benefit Increases on Cases Receiving Old Age Security or Aid to Needy Children (Family Groups) in September 1954.

The Social Security Administration is requiring the state to submit a monthly statistical report showing the effect of increased Old Age and Survivors Insurance benefits on Old Age Security and Aid to Needy Children (Family Group) cases receiving both aid and Old Age and Survivors Insurance in September 1954. The report will be required for each of the three calendar months of October, November and December, 1954.

Sources of Data

Data on the effect of Old Age and Survivors Insurance increases on Old Age Security and Aid to Needy Children (Family Group) payments will be obtained from two different sources for each program:

Old Age Security

1. Permanent Sample - The State Department of Social Welfare will secure data on Old Age Security cases whose grants were decreased, as a result of Old Age and Survivors Insurance increases, from authorization documents submitted on Old Age Security sample cases as required in Section A-1320 of the Old Age Security Manual. Follow-up with counties will be necessary on sample cases whose Old Age and Survivors Insurance increases did not result in grant changes.
2. Form Temp. 365 - Part A of this report will provide data on Old Age Security cases active in September 1954 and discontinued as a result of the increased Old Age and Survivors Insurance benefit. Cases discontinued (or suspended) for one month only will be reported separately from cases discontinued for longer than one month.

Aid to Needy Children - Family Groups

1. Permanent Sample - The State Department of Social Welfare will prepare lists of Aid to Needy Children sample cases active in September 1954,

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(Pursuant to Government Code Section 11380.1)

and receiving Old Age and Survivors Insurance benefits. Counties will provide data for these cases, as specified by the State Department of Social Welfare, on the amounts of Aid to Needy Children and Old Age and Survivors Insurance both before and after the Old Age and Survivors Insurance increases.

2. Form Temp 365 - Part B of this report will provide data on Aid to Needy Children (Family Group) cases active in September 1954 that were discontinued as a result of the increased Old Age and Survivors Insurance benefit. Cases discontinued (or suspended) for one month only will be reported separately from cases discontinued for longer than one month.

Submission of Report

Each county shall submit a report for each of the months, October, November and December 1954 on Form Temp 365, Monthly Statistical Report on Discontinuances of Old Age Security cases and Aid to Needy Children (Family Cases) Because of Increased Old Age and Survivors Insurance benefits. If a county has no cases to report for a given month, it may submit a statement to this effect in lieu of Form Temp 365. These reports shall be submitted to the Bureau of Research and Statistics, State Department of Social Welfare, 616 K Street, Sacramento, California, by the 20th of the month following the report month, e.g., the report for October will be due on November 20.

This bulletin shall cease to be effective after January 31, 1955.

Very truly yours,

Edward E. Silveira

Edward E. Silveira
Acting Director

Attachments

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WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

The attached proposed bulletins are emergency regulations, the adoption of which is necessary for the immediate preservation of the public peace, health and safety or general welfare within the meaning of Section 11421 (b) of the Government Code. A statement of the facts constituting the emergency is as follows:

Sections 1561 and 2140 of the Welfare and Institutions Code require the State Department of Social Welfare to make reports in such form and containing such information as the Federal Social Security Administration may from time to time require. On October 18, 1954, the department received notification from the Federal Social Security Administration that two new reports on actions affecting Old Age Security and Aid to Needy Children cases occurring in October 1954 and subsequent months are being required by that agency. The first of the reports so required must be submitted by the counties during the month of November 1954. In order that the reports may be prepared and submitted within the time required by the Federal Social Security Administration, it is necessary that these bulletins containing information, instructions and procedures concerning the reports take immediate effect.

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FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

W&IC 115, 116

EDWARD E. SILVEIRA
ACTING DIRECTORGODWIN J. KNIGHT
GOVERNORSTATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE
616 K STREET
SACRAMENTO 14
October 29, 1954

DEPARTMENT BULLETIN NO. 509 (STAT)

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORSSubject: Quarterly Statistical Report (Form Temp 366) on Effect of New Old Age and Survivors Insurance Eligibility Provision on Cases Receiving Old Age Security or Aid to Needy Children (Family Groups) in September 1954.

The Social Security Amendments of 1954 make provision for immediate entitlement to benefits of a group of persons heretofore excluded. These persons now included are the surviving parents, widows, and children of individuals who died after 1939 and prior to September 1, 1950, and who had at least six quarters of coverage.

The Social Security Administration requires the state to submit statistical reports for each calendar quarter from October 1954 through September 1955, showing the effect of the Old Age and Survivors Insurance new eligibility provision which became effective in September 1954.

Each county shall submit a report for each of the four calendar quarters beginning October 1954 and ending September 1955, on Form Temp 366, Quarterly Statistical Report on Effect of New Old Age and Survivors Insurance Eligibility Provision on Cases Receiving Old Age Security or Aid to Needy Children (Family Groups) in September 1954. If a county has no cases to report for a given quarter, it may submit a statement to this effect in lieu of Form Temp 366. These reports shall be submitted to the Bureau of Research and Statistics, 616 K Street, Sacramento, by the 20th of the month following the end of each quarter; e.g., the October-December 1954 report will be due on January 20, 1955.

Content: The report on Form Temp 366 will include data showing: (1) the number of Old Age Security cases (Part A) and Aid to Needy Children, Family Group cases (Part B) acted on because of receipt of Old Age and Survivors Insurance benefits under the new eligibility provision of the Social Security Act; (2) type of action taken by the county when such benefit was received; (3) the monthly amount of the Old Age and Survivors Insurance benefit; and (4) the monthly amount of assistance payments to these cases for the month preceding and for the month in which the revised monthly aid payment, taking into account the Old Age and Survivors Insurance benefit amount, became effective.

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Each case is to be reported only once. It is anticipated that the bulk of the "new start" cases will be reported on Form Temp 366 for the October-December 1954 calendar quarter and relatively few cases will be reported on subsequent Temp 366 reports.

This bulletin shall cease to be effective after October 31, 1955.

Very truly yours,

Edward E. Silveira

Edward E. Silveira
Acting Director

Attachments

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